

Name
in
Full

Rovena Alexander

CERTIFICATE OF DEATH

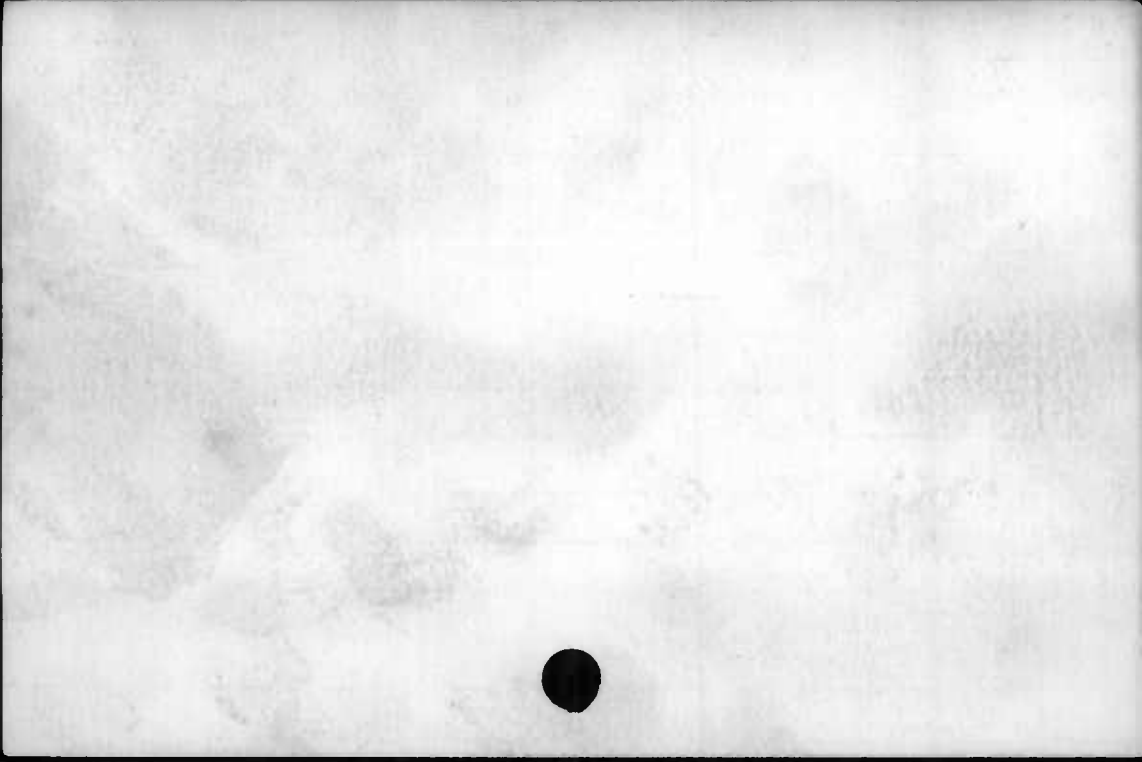
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roxburyville</i>		<i>P. G.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>19</i>	Age	Years <i>20</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Alexander</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Hattie Davis</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>John Alexander</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colitis</i>	How long <i>8 days.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Lenox</i>
	<i>P. G. Co Md</i>
Accident or Suicide?	



Name
in
Full

Arthur D Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at Bowie Town Ind County

Date of death 1906 Aug 9th Age 23 Months 6 Days

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name A Anderson Father's Birthplace Ind

Mother's Maiden Name Cecilia Hopkins Mother's Birthplace Ind

Name of person giving information Basil H Anderson How related to deceased Brother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Several yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

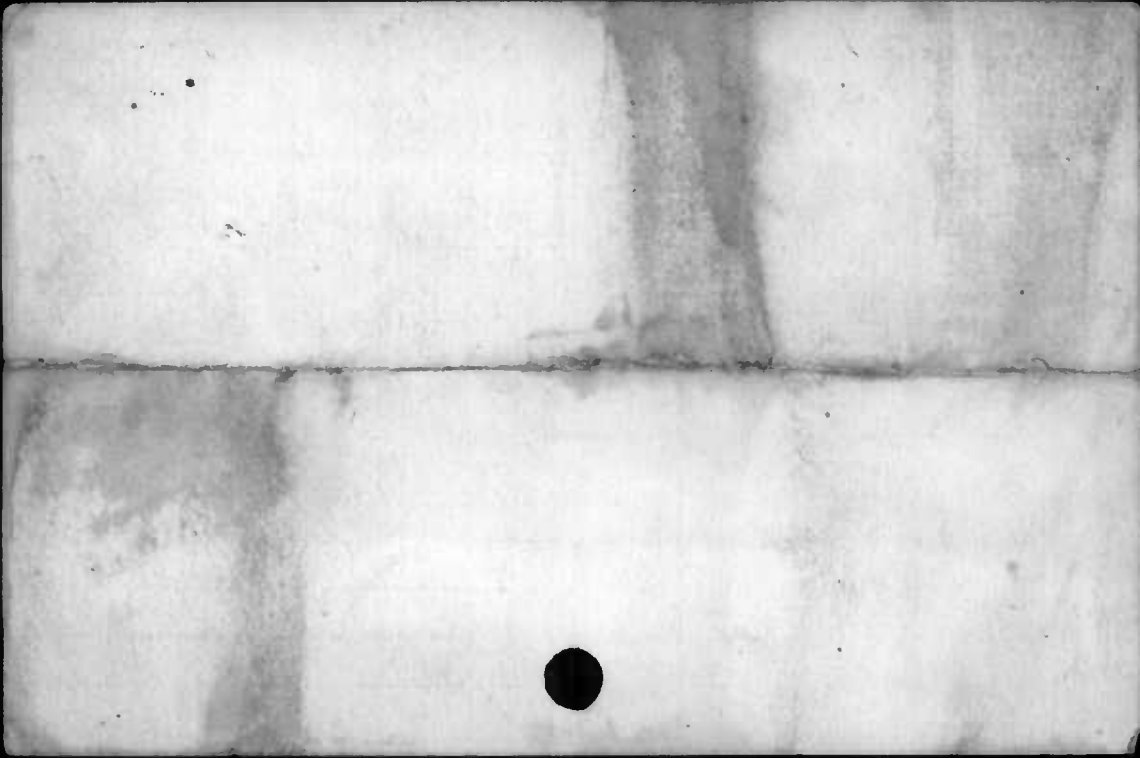
Signature of Physician

Address

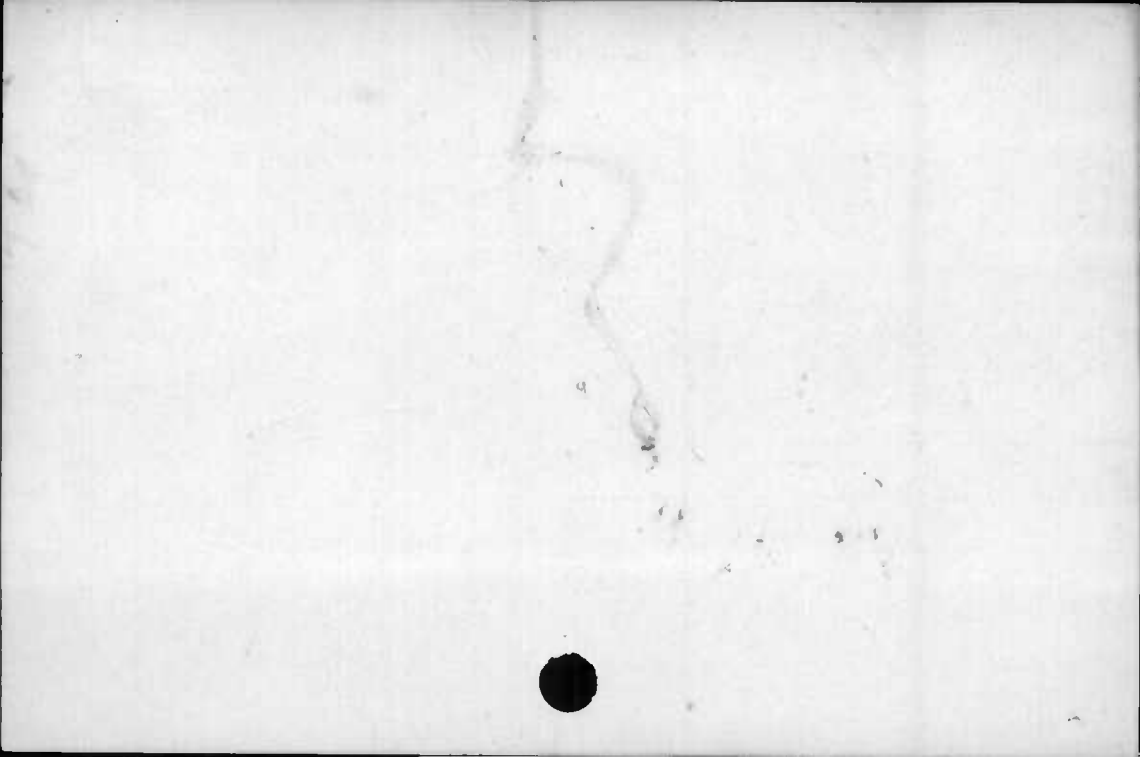
J. M. D. In all Ind.
Springfield Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Riverdale</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>	
		Date of death <i>1906 Aug 27</i>		<i>19</i> <small>Years</small>	
		<i>Female</i> <small>Sex</small>		<i>white</i> <small>Color or Race</small>	
		<i>Occupation</i>		<i>Where Residing if not at place of death</i>	
		<i>Single</i> <small>Married, Single or Widowed</small>		<i>Single</i> <small>Name of Wife or Husband</small>	
PHYSICIAN OR CORONER		<i>Emil Becker</i> <small>Father's Name</small>		<i>Germany</i> <small>Father's Birthplace</small>	
		<i>Emma Frenschke</i> <small>Mother's Maiden Name</small>		<i>Germany</i> <small>Mother's Birthplace</small>	
		<i>Eleanor Becker</i> <small>Name of person giving information</small>		<i>sister</i> <small>How related to deceased</small>	
		CAUSES OF DEATH			
		<i>Typhoid fever</i> <small>Primary</small>		<i>3 wks.</i> <small>How long</small>	
<i>Haemorrhage of bowel</i> <small>Immediate</small>		<i>24 hrs.</i> <small>How long</small>			
<i>Yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>Dr. W. H. H. H. H. H.</i> <small>Signature of Physician</small>		<i>Hyattsville Md.</i> <small>Address</small>	
<i>Neither</i> <small>Accident or Suicide?</small>					



Name
in
Full

Jeremiah Berry

CERTIFICATE OF DEATH

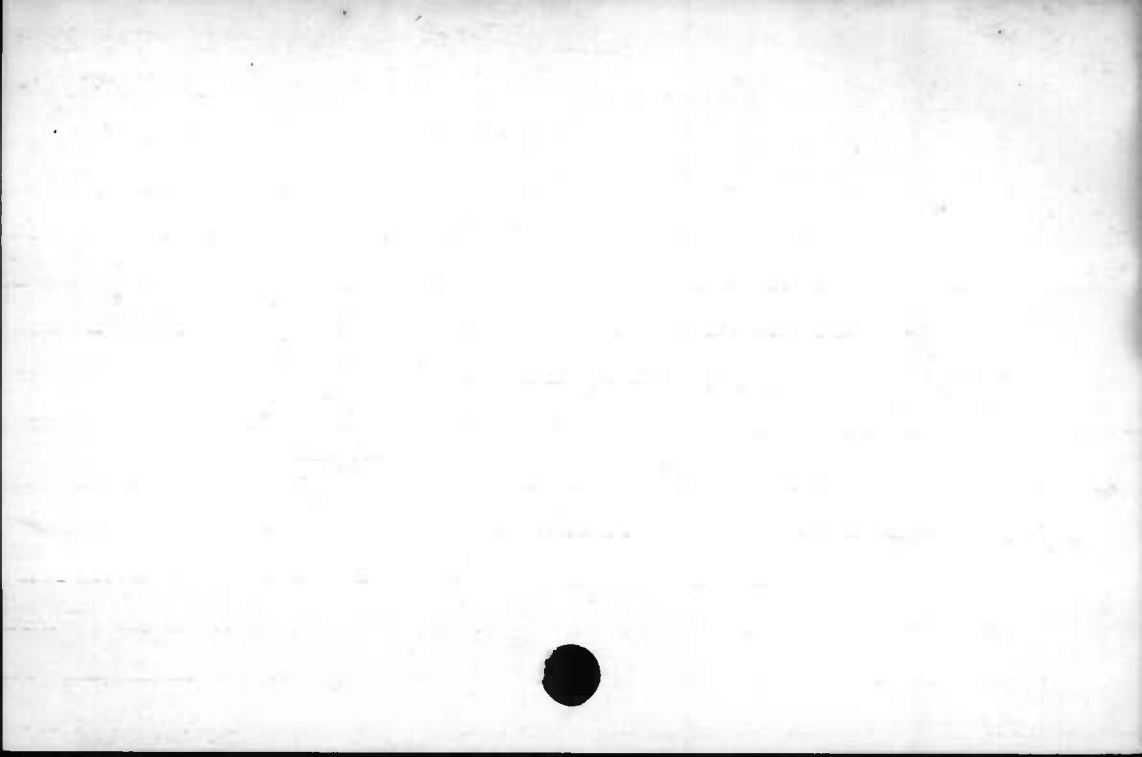
Died at		Leeland ^{Town}		Prince ^{County}		MARYLAND	
Date of death		1906	Month	Aug.	Day	20	Age
							66
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Kate Berry	
Father's Name		William J. Berry		Father's Birthplace		Maryland	
Mother's Maiden Name		Sarah Clagett		Mother's Birthplace		Maryland	
Name of person giving information		William Berry		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diabetes Mellitus	How long	25 years
	Immediate	Diabetic gangrene	How long	8 months
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		Dr. A. R. Walker	
Address		Halls, Md.		
Accident or Suicide?		—		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>J. B.</i> <small>Town</small>		County <i>Prince Georges.</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>August</i>	Day <i>25.</i>	Years <i>Still born.</i>	Months <i></i> Days <i></i>
	Sex <i>female</i>	Color or Race <i>Colored</i>		Birth-place <i>J. B. Md</i>	
	Occupation <i></i>		Where Residing if not at place of death <i></i>		
	Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>		
	Father's Name <i>McLean Booze.</i>		Father's Birthplace <i>J. B. Md</i>		
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Fannie Smith.</i>		Mother's Birthplace <i>" "</i>		
	Name of person giving information <i>Anderson Duckett.</i>		How related to deceased <i>Cousin.</i>		
	CAUSES OF DEATH				
	Primary <i>Still born.</i>	How long <i></i>			
Immediate <i></i>	How long <i></i>				
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Coroner. William H. Squires, Jr.</i>			
		Address <i>Brandywine. Md</i>			
Accident or Suicide? <i></i>					



Name
In
Full

Edward D. Botcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Beltsville		Prince George		MARYLAND							
Date of death		1906	Month	Aug	Day	24	Age	69	Years	3	Months	12	Days
Sex		Male		Color or Race		White		Birth-place		Maryland			
Occupation				Farmer				Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Botcher							
Father's Name		Lemuel Botcher						Father's Birthplace		Maryland			
Mother's Maiden Name		Sarah Burton						Mother's Birthplace		Maryland			
Name of person giving information		Herbert C. Botcher						How related to deceased		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Face	How long	2 years
Immediate	Pulmonary Hemorrhage	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. E. Egan	
Address		Berwyn Md	
Accident or Suicide?		—	

May 8 1881

Received of Mr. J. B. Smith

the sum of \$100.00

Name
in
Full

Richard Bowser

CERTIFICATE OF DEATH

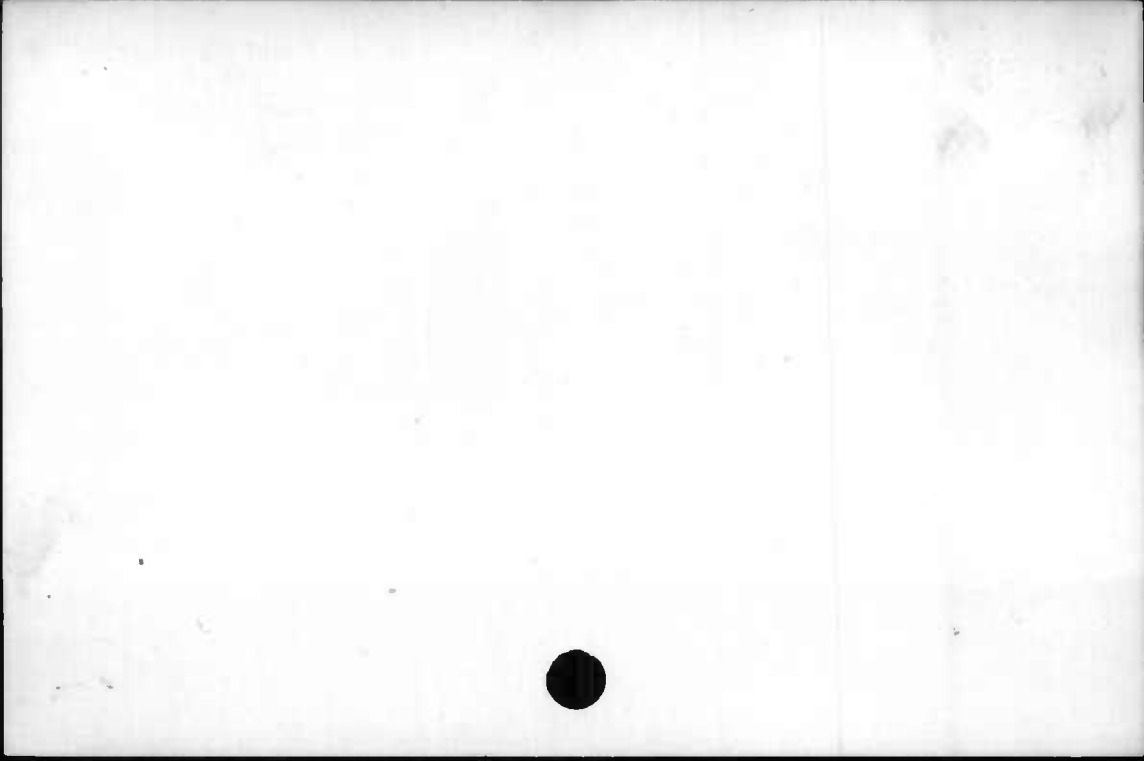
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mitchellville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>aug</i>	Day <i>26</i>	Age <i>50</i>	Years <i>50</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Bowser</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Hawkins</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>4 years</i>
Immediate <i>Anaemia</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. A. R. Walker</i>
	Address <i>Halls, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Ardeen Brown

Town

County

Died at

MARYLAND

Date 19

Lakeland P. Geo

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 22

Age 34

Md

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phtusis Pulmonalis

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

M. O. Enfield and
Prayer Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md

LIBRARY BUREAU, 1900



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Caroline Butler

Died at *hunting house* Town*P.L.* County

MARYLAND

Date
of death *1906*

Month

Aug

Day

12

Age

Years

75

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Jerry Butler*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Berry Fleet*How related
to deceased*Nephew*

CAUSES OF DEATH

Primary

Septicemia

How long

10 days

Immediate

How long

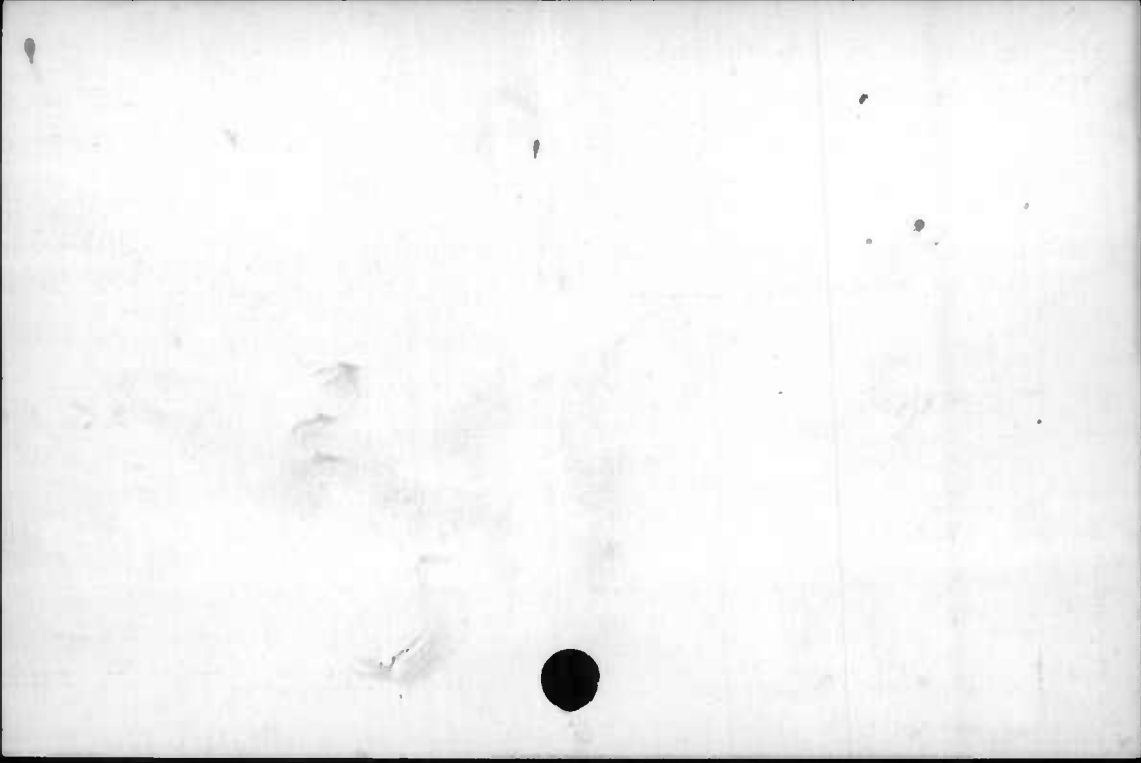
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*W. H. Gibson*

Address

Crown Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

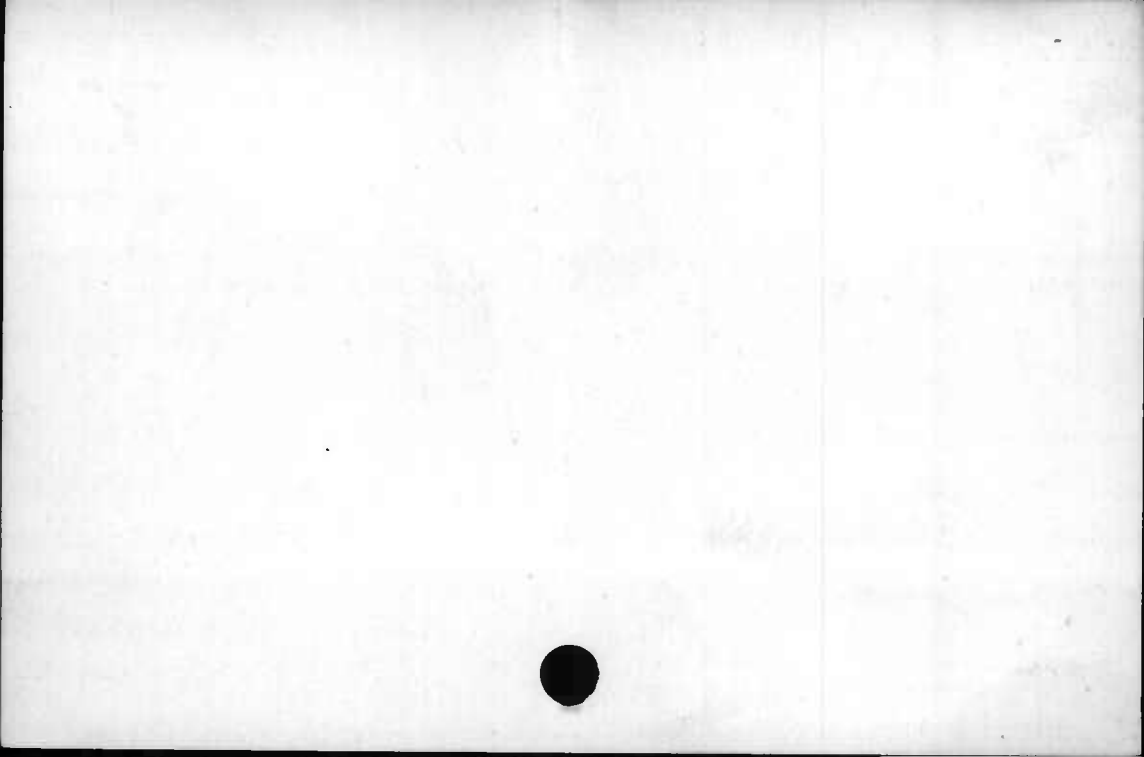
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Nottingham		Prince George					
Date of death	Month	Day	Age	Years	Months	Days	
1906	Aug.	13	8	3			
Sex	Male		Color or Race	Colored		Birth-place	
Occupation	Farming			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Caroline Butler			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Benj. F. Hunt					How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	W. H. Gibbons, Croom, Md.		
Accident or Suicide?			



Name
in
Full

Charles Baltimore Calvert

CERTIFICATE OF DEATH

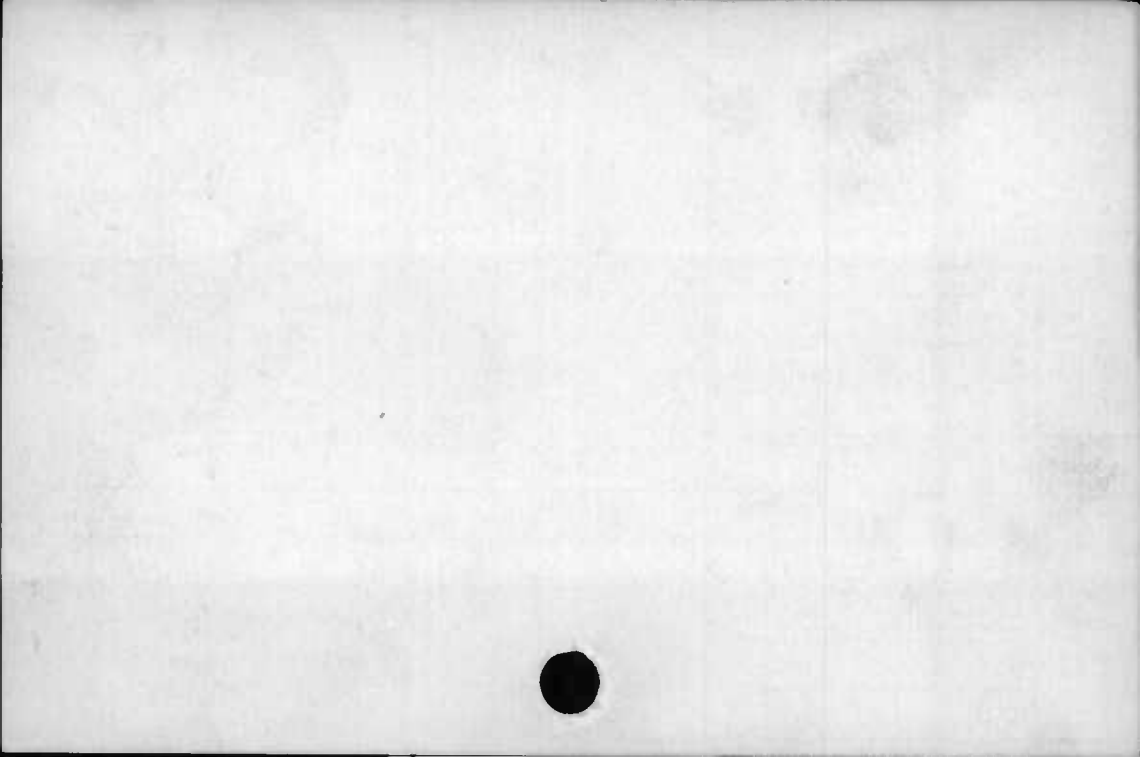
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mac Alpine</i>		Town <i>Prince George</i>		County <i>Prince George</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Aug</i>	Day <i>31</i>	Age <i>63</i>	Years <i>63</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Prince Geo. Co Md.</i>				
Occupation <i>Retired Business man</i>				Where Residing if not at place of death <i>Mac Alpine</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eleanor M. Calvert</i>					
Father's Name <i>Charles B. Calvert</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Charlotte A. Norris</i>				Mother's Birthplace <i>Balto. Md.</i>			
Name of person giving information <i>George H. Calvert</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Nephritis</i>		How long	<i>3 yrs</i>
Immediate	<i>Pulmonary Oedema</i>		How long	<i>36 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Wm. H. Calvert</i>	
			Address <i>Hyattsville Md</i>	
Accident or Suicide?		<i>Neither</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Angelina Gary
Died at Wheaton, D. C. Prince Georges County

Date of death 1906 Aug 26th Age 48 Years Months Days

Sex Female Color or Race White Birth-place

Occupation Where Residing If not at place of death W. C.

Married, Single or Widowed U Name of Wife or Husband U

Father's Name U Father's Birthplace U

Mother's Maiden Name Thos. McHale Mother's Birthplace U

Name of person giving information Thos. McHale How related to deceased Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart trouble How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Not known

Address J. L. Haring

Accident or Suicide? Clinton Ind



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edyth L. May Davidson

Town

County

Died at

Date

of death

Month

Day

Years

Months

Days

MARYLAND

1906 Aug 3

Age

4

8

9

Sex

Female

Color or
Race

White

Birth-
place

Laurel

Occupation

Nurse

Where Residing if not
at place of death

Laurel

☒ Married, Single
or Widowed

Yes

Name of Wife or
Husband

Nurse

Father's
Name

Joseph Davidson

Father's
Birthplace

Laurel

Mother's
Maiden Name

Bertha Bigler

Mother's
Birthplace

Baltimore

Name of person giving
information

Joseph Davidson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Toxemia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

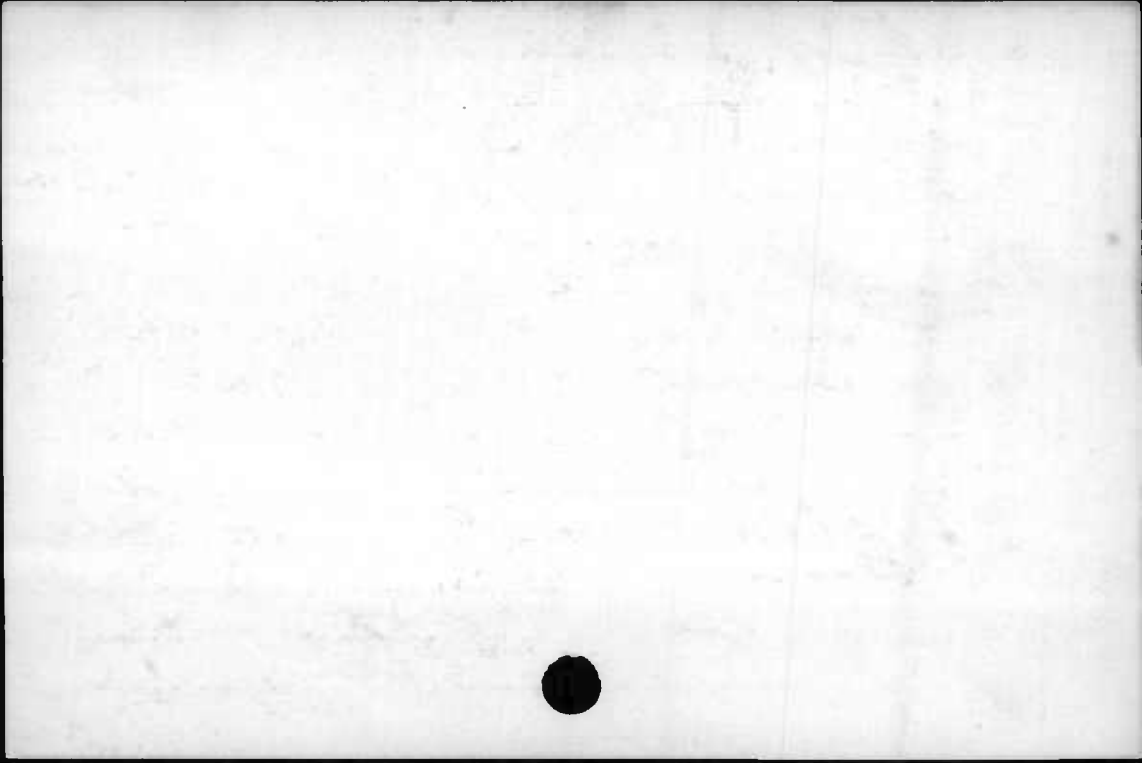
Yes

Signature of
Physician

Address

J. L. Smith
Laurel
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Francis R. Garner

Town

County

MARYLAND

Died at *Largo*

P. 4.

Date

Month

Day

Years

Months

Days

of death 190

16 July

14

Age *73*

Sex

male

Color or
Race

white

Birth-
place

P. 4. Md

Occupation

Laborer

Where Residing if not
at place of death

—

Married ~~Single~~
~~Widowed~~

Widower

Name of Wife or
husband

Jane Garner

Father's
Name

Samuel Garner

Father's
Birthplace

P. 4. Md

Mother's
Maiden Name

Elizabeth Weber-

Mother's
Birthplace

P. 4. Md

Name of person giving
Information

Harry A. Garner

How related
to deceased

Son

CAUSES OF DEATH

Primary

Natural Causes

How long

30 minutes

Immediate

Heart Trouble

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

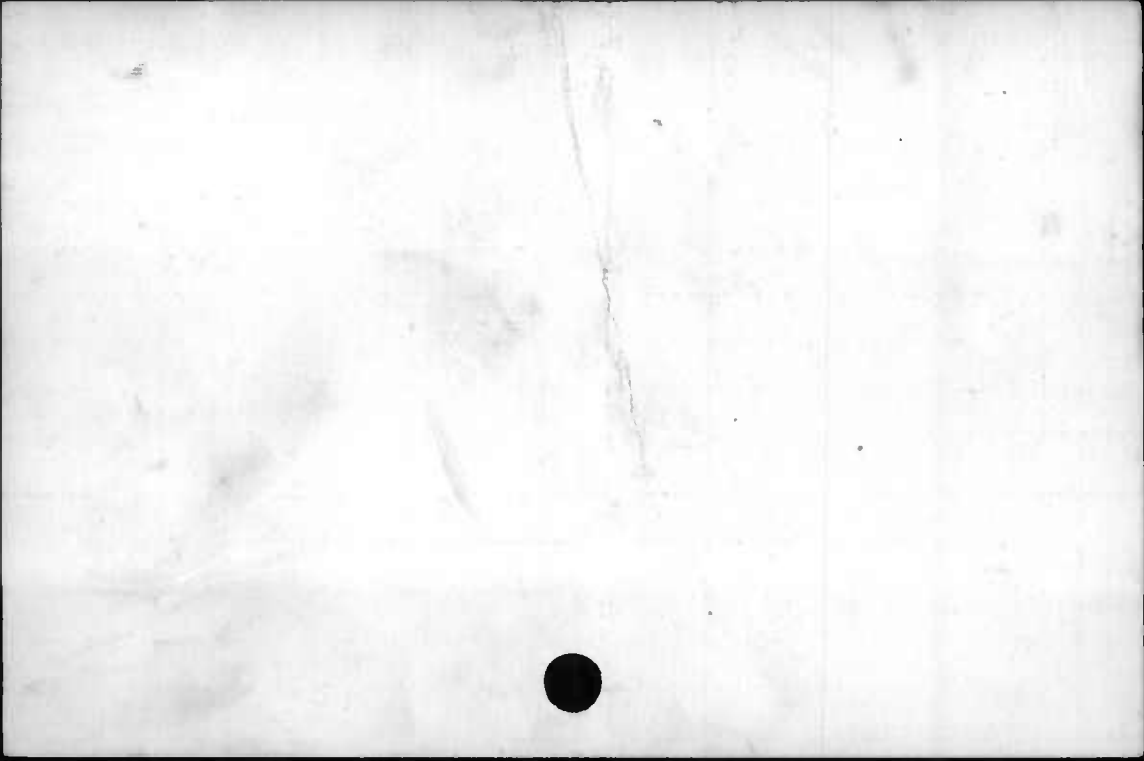
Address

*John S. Sausbury
Frostville*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Bratuer Germann

CERTIFICATE OF DEATH

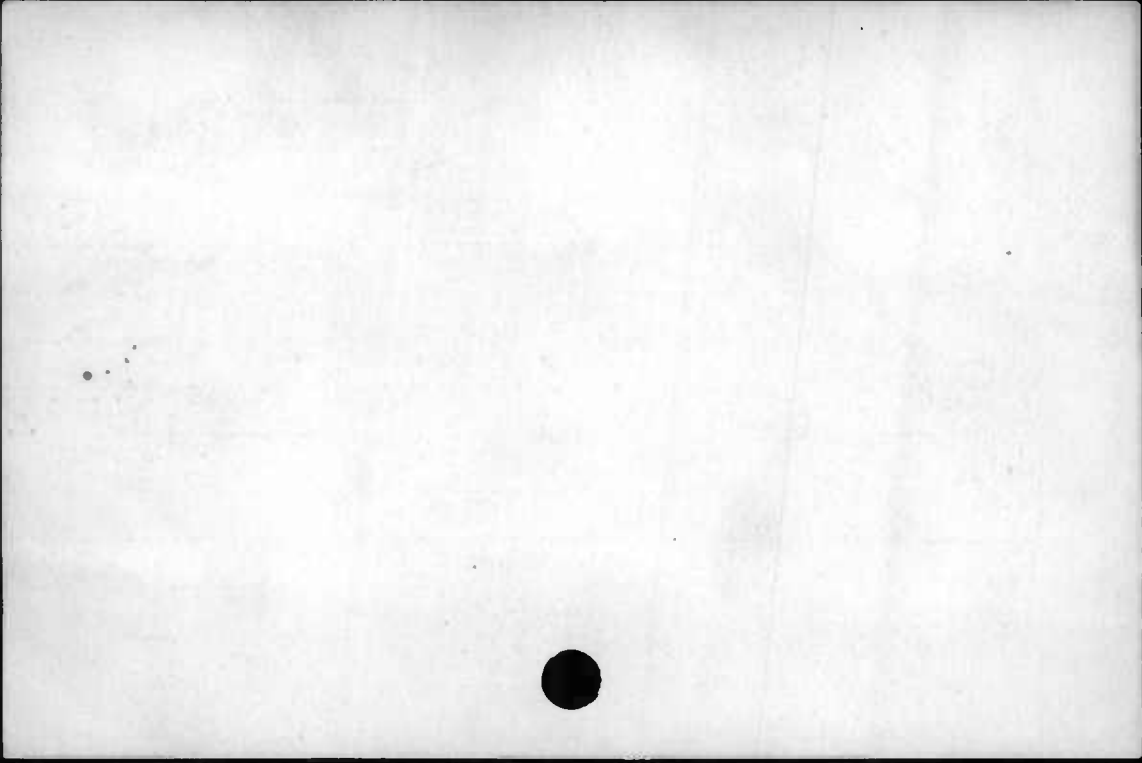
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chilum</i>		Town <i>Prince George</i>		County <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>2 years</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George F. Germann</i>	Father's Birthplace <i>Wash. D.C.</i>				
Mother's Maiden Name <i>Irene Germann</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Thos S. Surgeon</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>Ten days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles L. Waters M.D.</i>
	Address <i>Chas H. Waters M.D.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

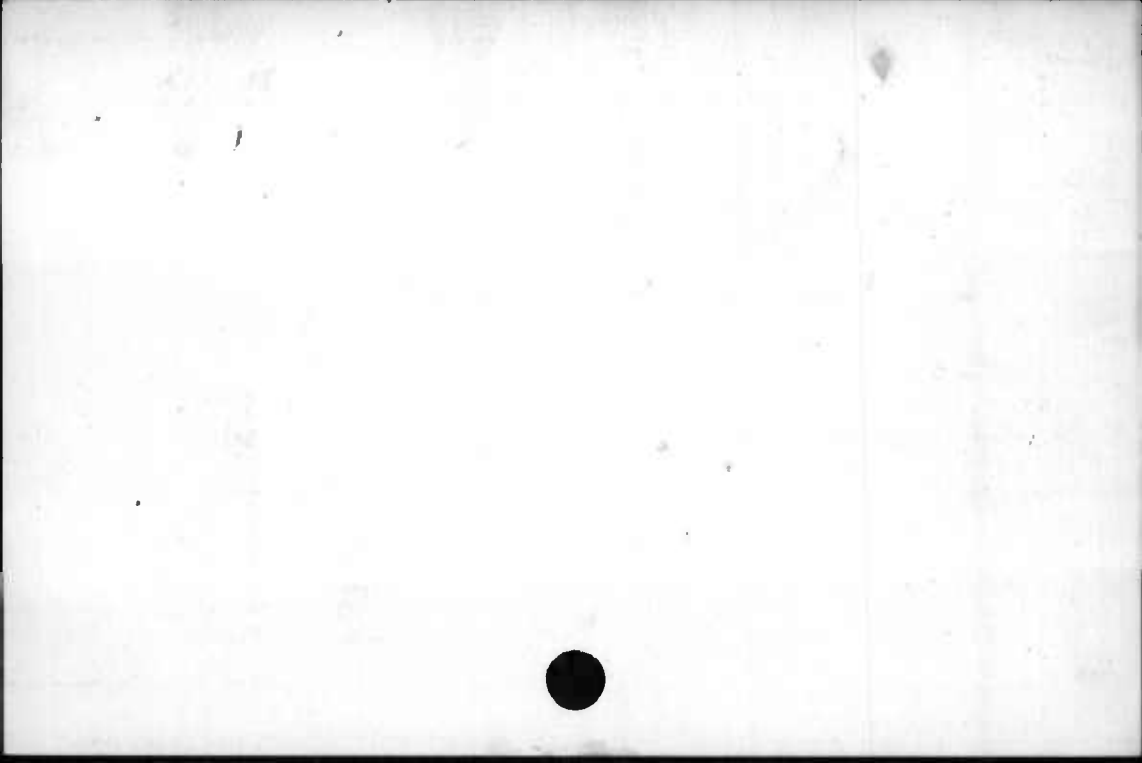
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camp Springs</i> ^{Town} <i>Pr Geo</i> ^{County}		MARYLAND			
Date of death <i>1906</i>	<i>8</i> ^{Month}	<i>29</i> ^{Day}	<i>62</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Mo.</i>			
Occupation <i>General Labor</i>	Where Residing if not at place of death <i>Oxon Hill Mo.</i>				
Maiden <i>Single</i> or Widowed	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>John Grimes</i>	How related to deceased <i>Son</i>				

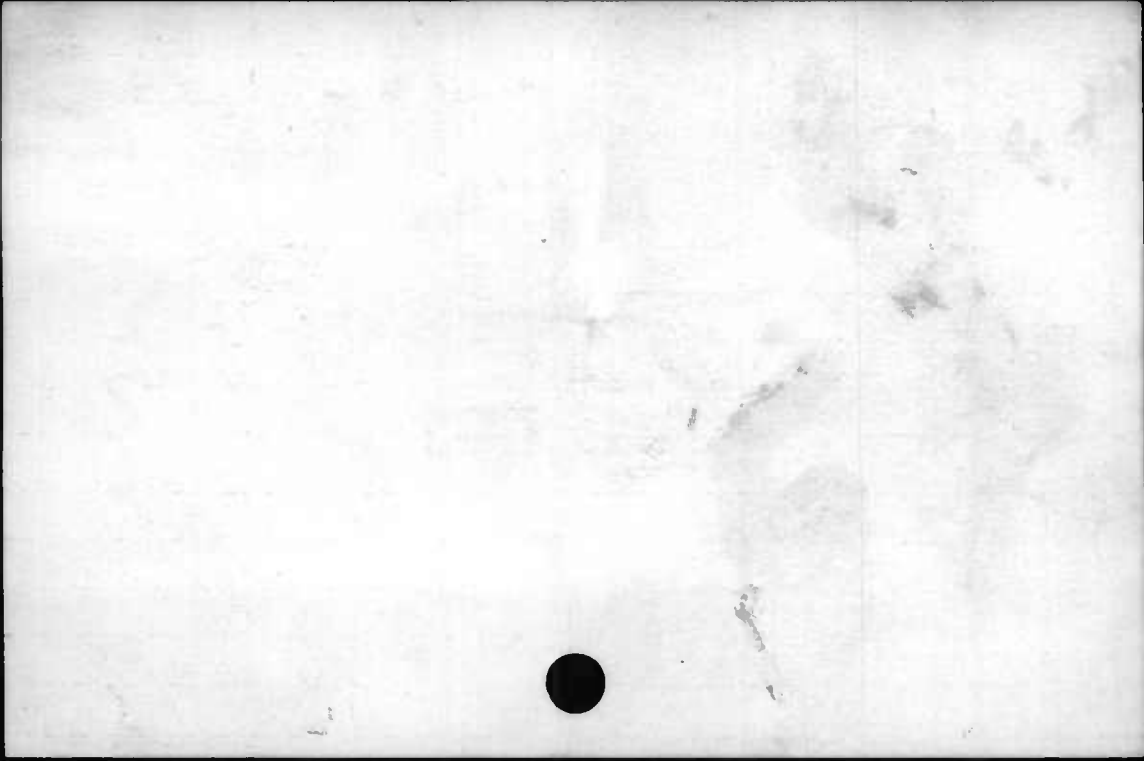
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>28 days</i>
Immediate <i>Delirium & Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Mo.</i>
Accident or Suicide? <i>—</i>	



Name In Full		Town				County		CERTIFICATE OF DEATH	
Dorsey Mary Gross		Lakeland				Prince Geo.		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
1906		Aug		6				8	
Sex		Color or Race		Birth-place					
Female		Black		Lakeland					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Father's Birthplace							
George H. Gross		Cal. Co md							
Mother's Maiden Name		Mother's Birthplace							
Rosa Simpson		St. Mary md.							
Name of person giving information		How related to deceased							
George H. Gross		Father							
CAUSES OF DEATH									
Primary		How long							
Pertussis & Diarrhoea		4 weeks							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Address							
		Buxton md							
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

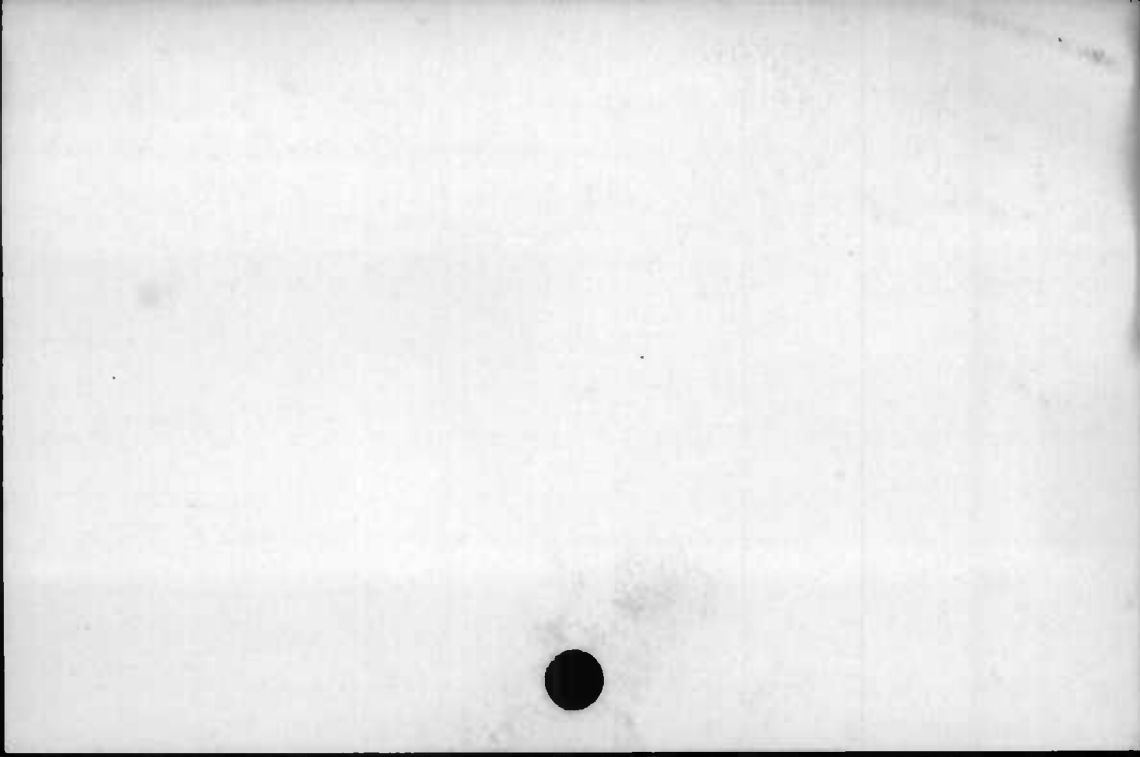
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nevr Slatz</i>		Town <i>Pr. Geo.</i>		County	
Date of death	190 <i>6</i>	Month <i>8</i>	Day <i>14</i>	Age <i>5-1</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Md.</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
Married, <i>Yes</i>	Name of Wife or Husband <i>Lewis Gross</i>				
Father's Name <i>James Baker</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Anne M.</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Lewis Gross</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal Tumor</i>	How long <i>4 1/2</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Brimser</i>
	Address <i>Rosecroft, Md.</i>
Accident or Suicide?	



Name
in
Full

Matilda Gross

CERTIFICATE OF DEATH

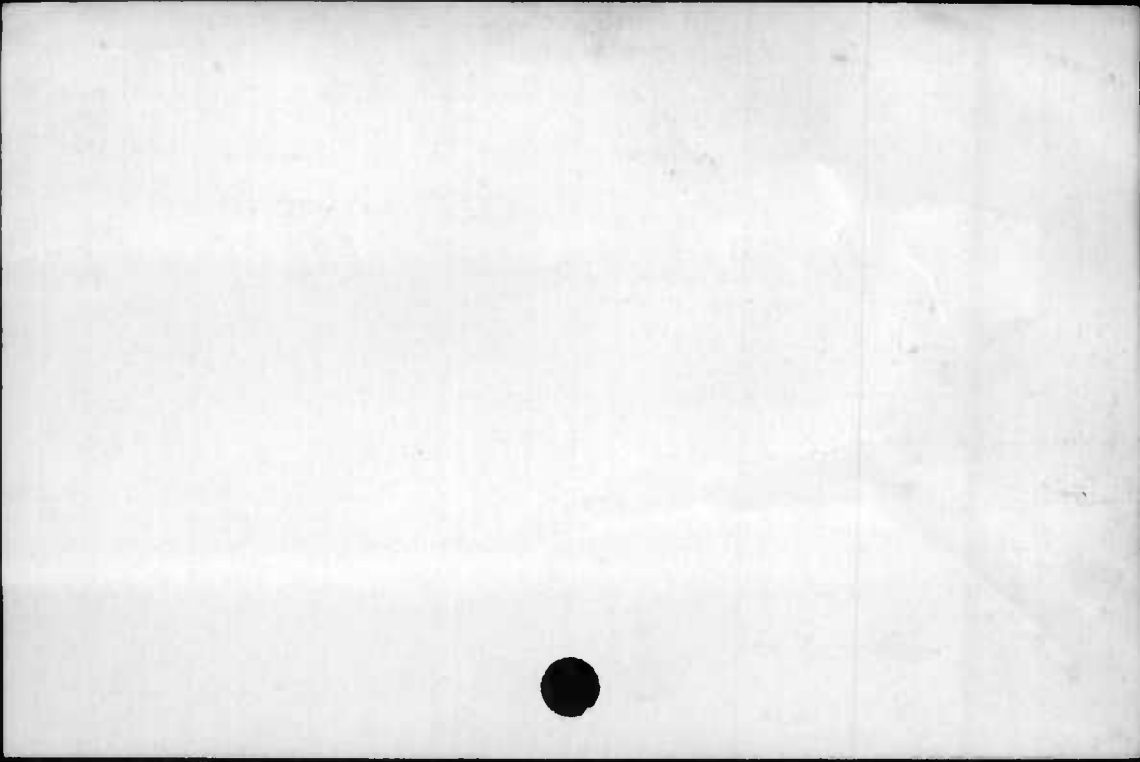
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>20</i>	Years <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Bethesda</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Matilda Gross</i>				
Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Reuben H. Landerer</i>	How related to deceased <i>niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>abcess Liver</i>	<i>114</i>	How long <i>6 months</i>
Immediate <i>Aspiration</i>		How long <i>5 or 6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
<i>Yes</i>	Address <i>6 a St</i>	
Accident or Suicide?	<i>Bethesda Md</i>	



Freddy Holliday

Town

County

Died at

Sext Pleasant

Pr. Gs

State of

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

8

23

Age 1 m 3 days

Maryland

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of

none

Wife

Father's

Name

Mother's

Maiden Name

Ella Holliday

Cause of

Primary

sick when born

Death

Immediate

Exhaustion

How long sick

since birth

Accident, Suicide, Homicide

Reported by

Mary Ridgely midwife

Address

Mary Ridgely midwife

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M. E. B.



Name
In
Full

Theodore Hawkins

CERTIFICATE OF DEATH

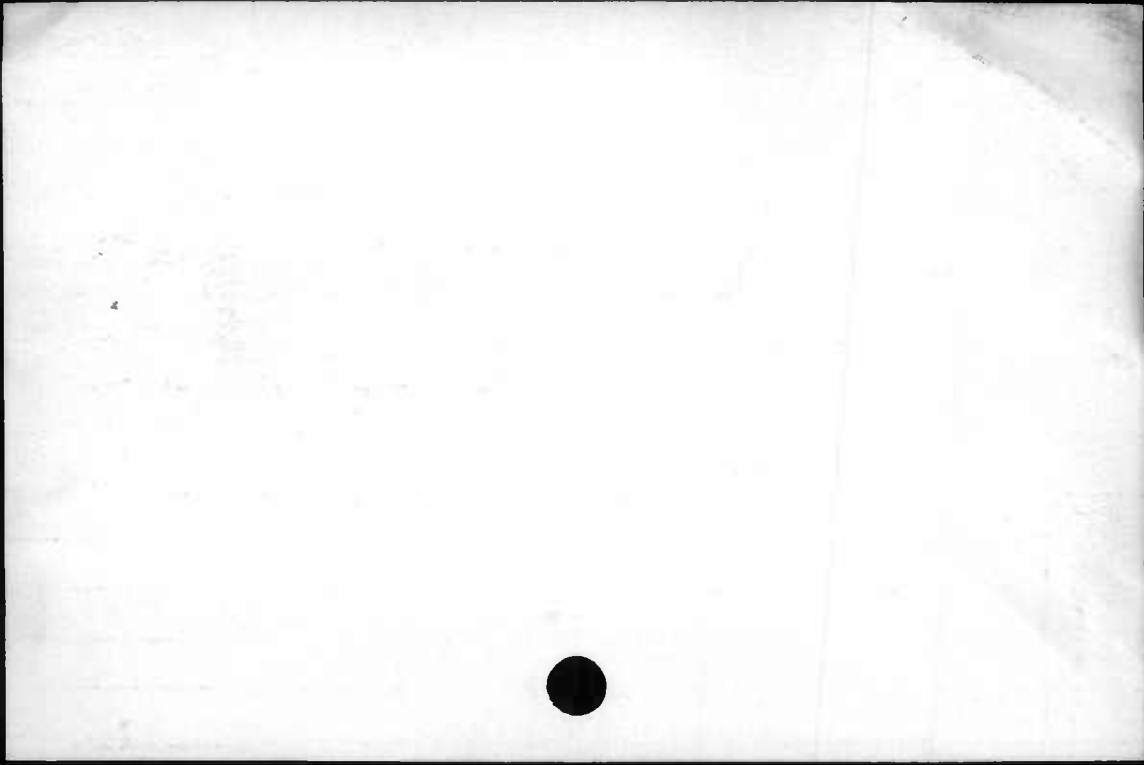
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Branchville		^{County} Prince Geo		MARYLAND	
Date of death	1906	Month	Aug	Day	10
Age	Years		Months		Days
Sex	Male		Color or Race	Colored	
Occupation			Birthplace	Md	
Where Residing If not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Bernard Hawkins		
Mother's Maiden Name			Rosetta Thomas		
Name of person giving information			Bernard Hawkins		
Father's Birthplace			Md		
Mother's Birthplace			Md		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart attack	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Starnes
		Address	Branchville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

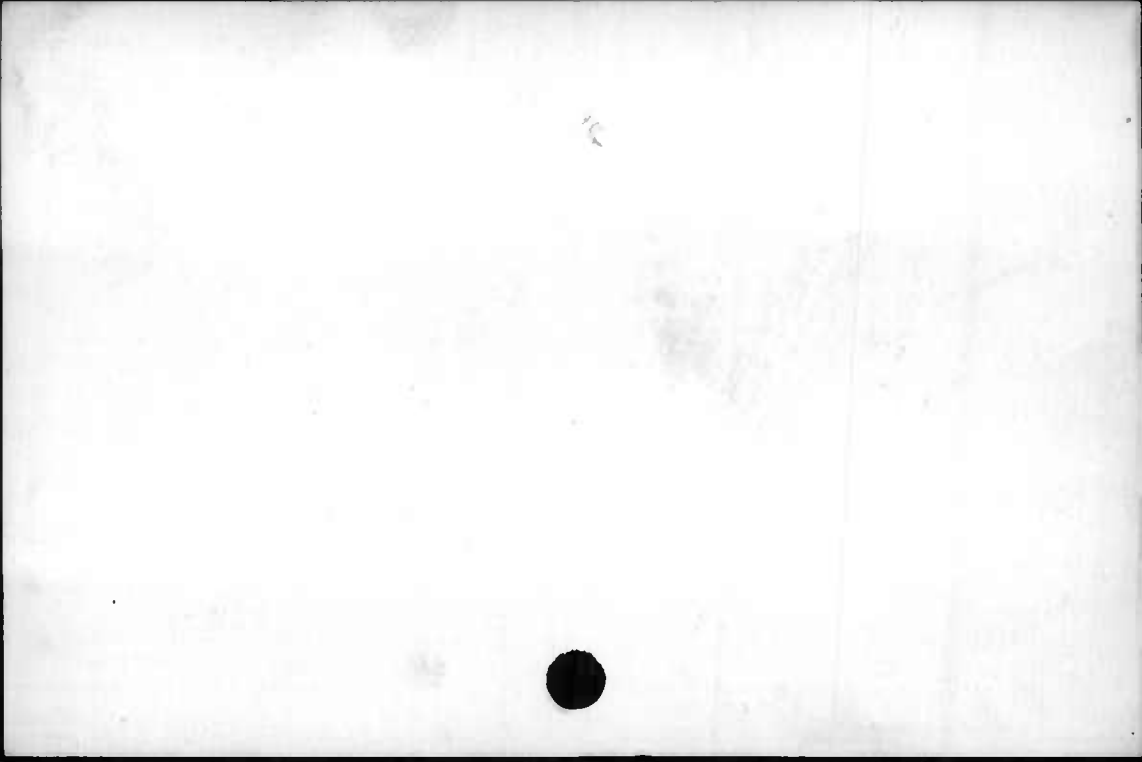
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lucy Hickman</i>		Town <i>Spiber Hill</i>		County <i>Pr. Ges.</i>		MARYLAND	
Died at <i>Spiber Hill</i>		Month <i>8</i>		Day <i>25</i>		Age <i>11</i> Years <i>15</i> Months <i>15</i> Days	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Hickman</i>		Fether's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary A. Millard</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Frank Hickman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tonsillitis</i>	How long <i>11 days</i>
Immediate <i>Fever + Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Simpson, M.D.</i>
	Address <i>Rosecroft, Md.</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>August</i>	Day <i>29th</i>	Years <i>8</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Brightwood Ave. D.C.</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Johnson</i>						
Father's Name <i>Unknown to Informant</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Hawkins</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Jacobi Hay</i>	How related to deceased <i>Son-in-law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>Ten days</i>
Immediate <i>Total paralysis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Birdwell M.D.</i>
<i>Approximately</i>	Address <i>Hyattsville Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Julius Jones

CERTIFICATE OF DEATH

Died at ^{Town} Upper Marlboro' ^{County} Prince George's MARYLAND

Date of death 1906 ^{Month} 8 ^{Day} 2 ^{Years} Age 82 ^{Months} ^{Days}

Sex Male ^{Color or Race} Colored. ^{Birth-place} Maryland.

Occupation Laborer. ^{Where Residing if not at place of death} Upper Marlboro', Md

Married, Single or Widowed Widower ^{Name of Wife or Husband} Mary West

Father's Name William Jones ^{Father's Birthplace} Md.

Mother's Maiden Name ^{Mother's Birthplace}

Name of person giving information Thomas Perry ^{How related to deceased} Son-in-law.

CAUSES OF DEATH

Primary old age ^{How long}

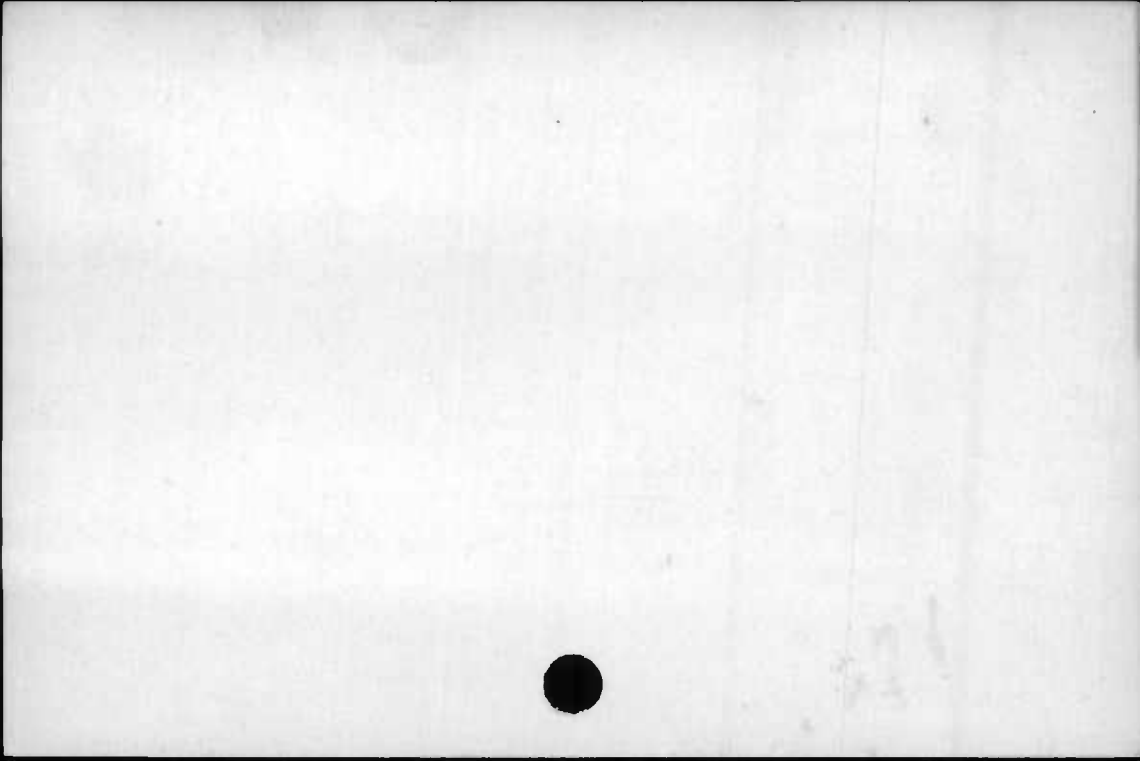
Immediate Exhaustion ^{How long} 2 months

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Marvin H. Humes, M.D.

^{Address} Upper Marlboro', Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

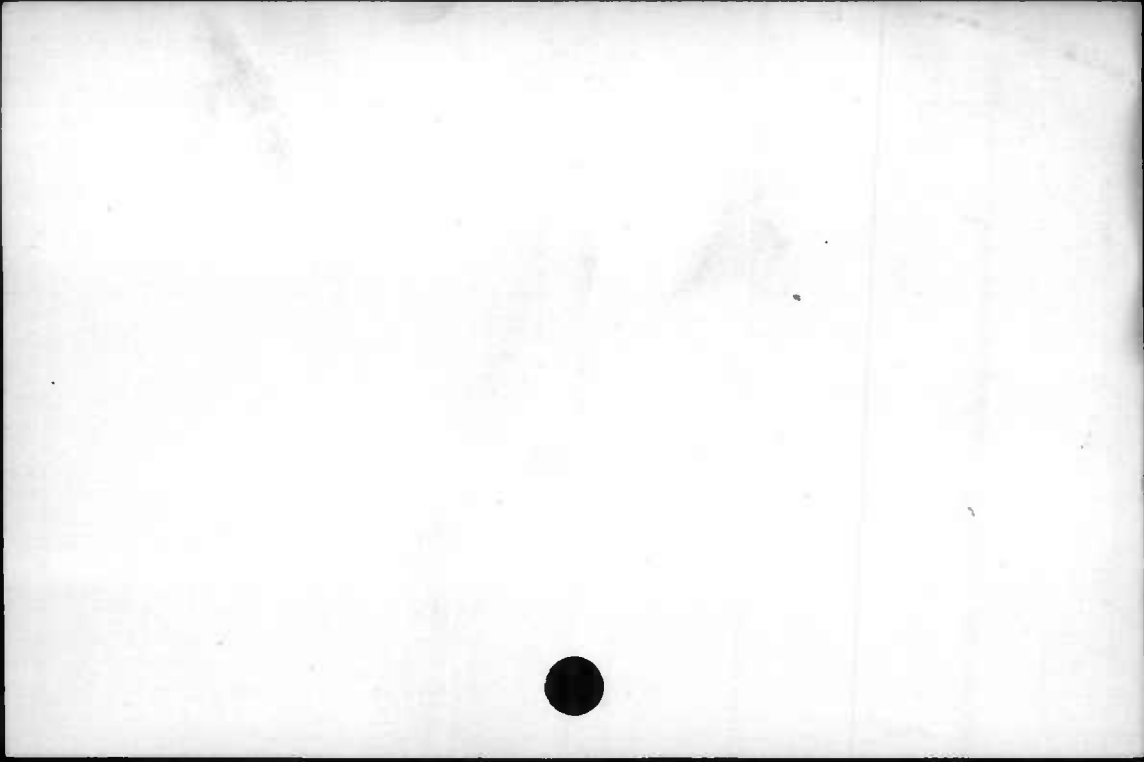
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eugene L. Mayo</i>		Town <i>Shelton</i>		County <i>P.G.</i>		MARYLAND	
Died at <i>Shelton</i>		Month <i>Aug</i>		Day <i>29th</i>		Years <i>8</i>	
Date of death <i>1906</i>		Age <i>8</i>		Months <i>8</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>D.C.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Shelton</i>					
<input checked="" type="checkbox"/> Married, Single		Name of Wife or Husband <i>_____</i>					
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>					
Mother's Maiden Name <i>Allen</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Isaac Allen</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shock from lightning</i>	How long <i>17</i>	How long <i>7 days</i>
Immediate <i>Paralysis</i>	How long <i>17</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Waring</i>	
	Address <i>Shelton</i>	
Accident or Suicide? <i>Ind</i>		



Name
in
Full

Howard Shock Larcombr

CERTIFICATE OF DEATH

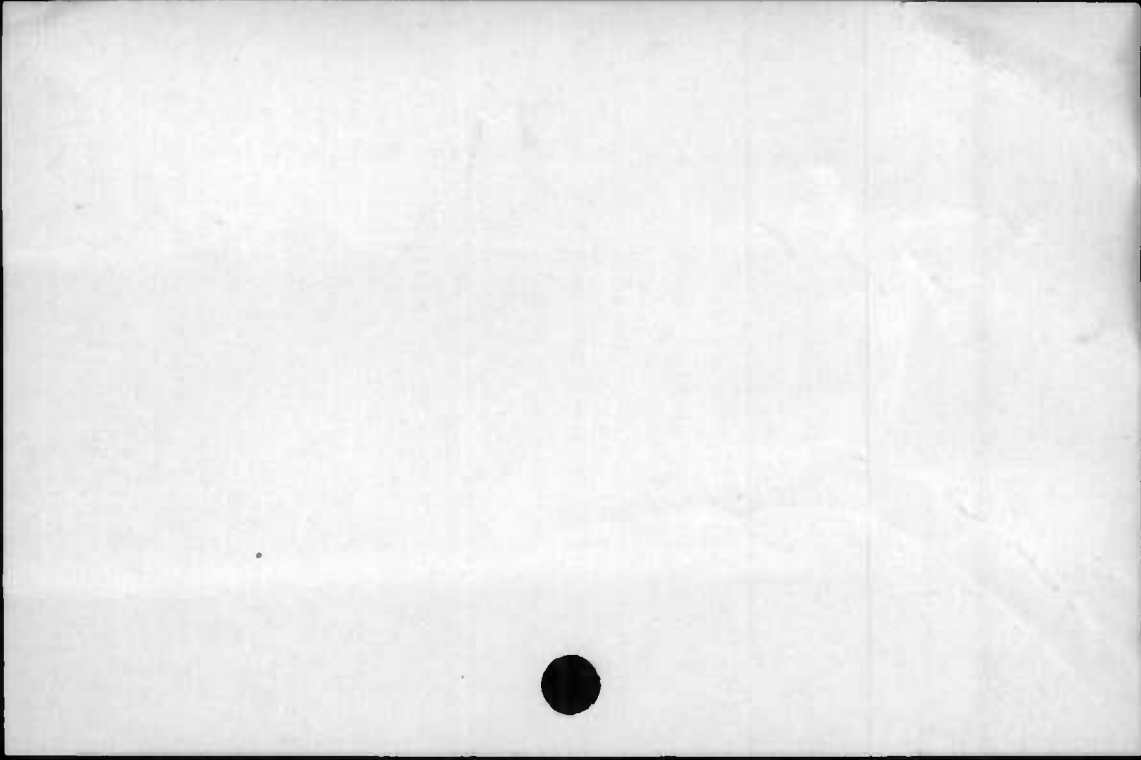
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellmore</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	1906	Month	Aug.	Day	21
Age	56	Years		Months	11
Sex	Male	Color or Race	White	Birth-place	Pennsylvania
Occupation	Telegrapher		Where Residing at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Rosie H. Larcombr</i>			
Father's Name	<i>John H. Larcombr</i>			Father's Birthplace	<i>Now Jersey</i>
Mother's Maiden Name	<i>Elizabeth D. Shock</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Rosie H. Larcombr</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>about 10 days</i>
Immediate	<i>Prostration</i>	How long	<i>about 8 or 10 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>C. A. Hef</i>	
		Address	
		<i>Bellmore</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Date of death		Month	Day	Years
	Sex	Color or Race	Birth-place		Months
	Occupation	Where Residing if not at place of death		Days	
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name		Mother's Birthplace		
	Name of person giving information		How related to deceased		
	CAUSES OF DEATH				
	Primary		How long		
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?					

May Elizabeth Leatherwood
 Laurel Pr. George

1901 Aug 8 Age 4 29

Female White Birth-place Laurel

Child Where Residing if not at place of death Laurel

Married, Single or Widowed Name of Wife or Husband

Father's Name James A. Leatherwood Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Leah N. Ayton Mother's Birthplace Frederick Co. Md.

Name of person giving information Leah N. Leatherwood How related to deceased Mother

CAUSES OF DEATH

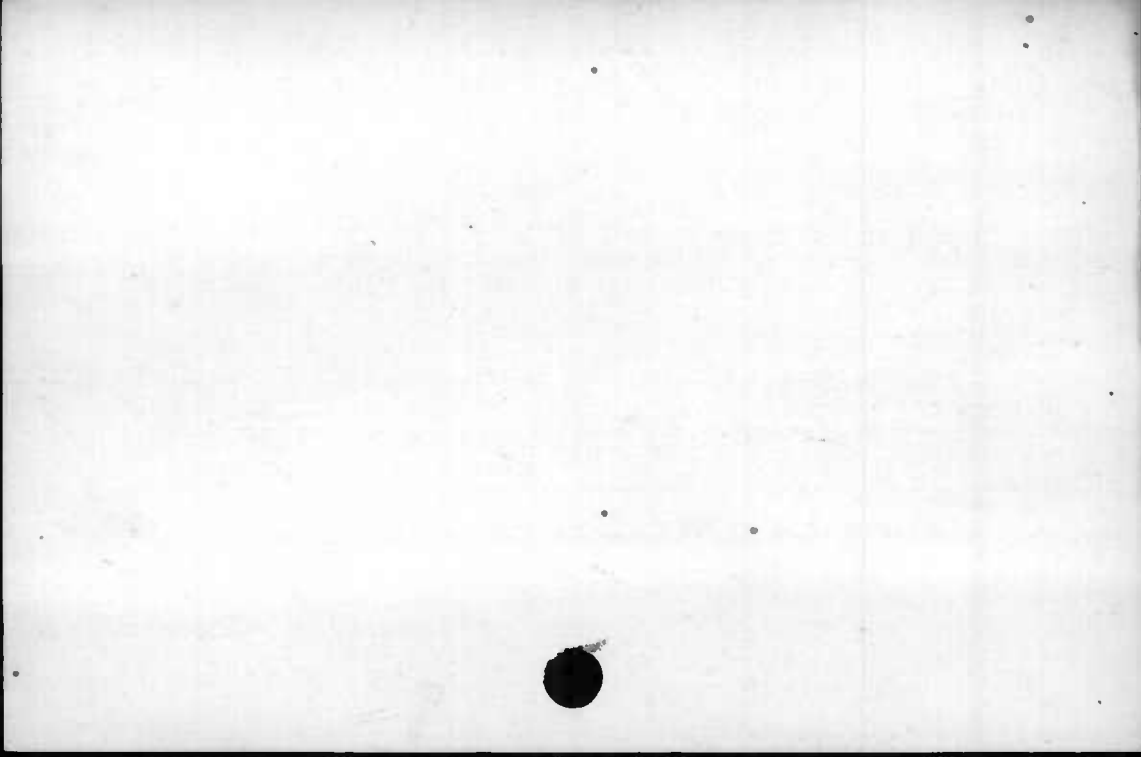
Primary Merasmus. How long 3 Months.

Immediate Spasms How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Address

Accident or Suicide?



Name
in
Full

Lawson Lewis

CERTIFICATE OF DEATH

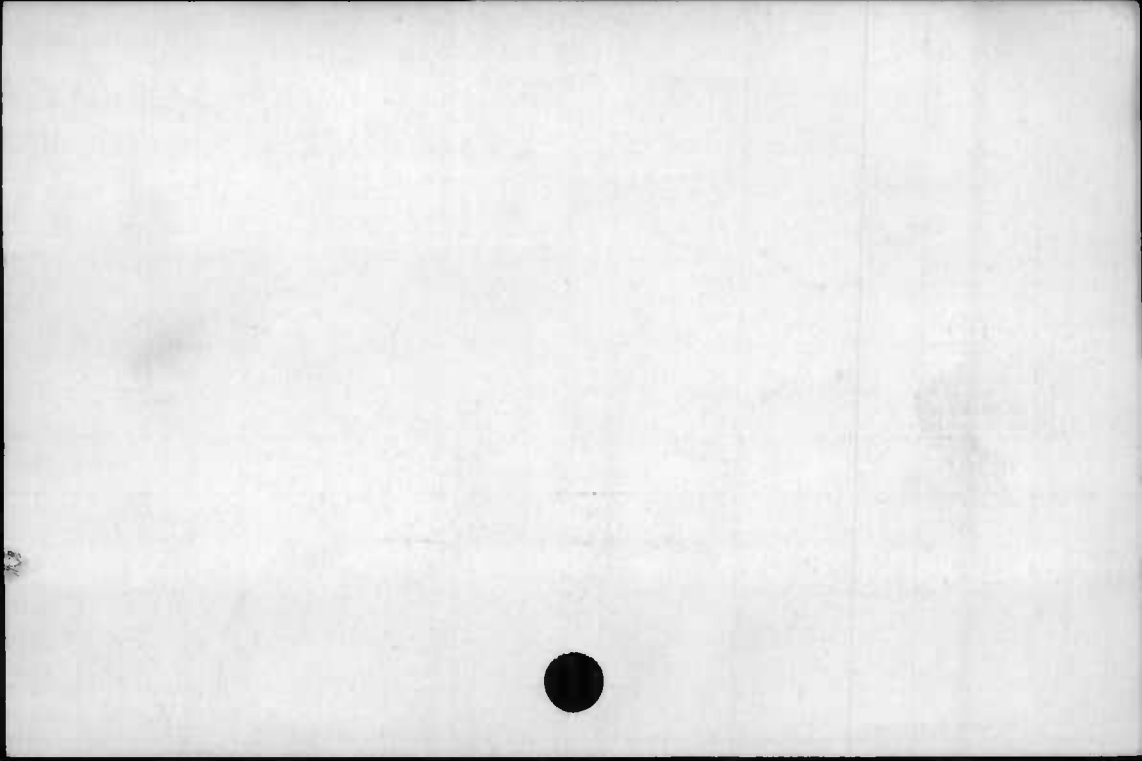
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rivendale</i>			Town		County		MARYLAND	
Date of death	1906	Month	August	Day	16	Years	22	Months
Sex	Male		Color or Race	Colored		Birthplace	Va	
Occupation	Laborer			Where Residing if not at place of death		Rivendale		
Married, Single or Widowed	yes		Name of Wife or Husband	Butha				
Father's Name	Albert Lewis					Father's Birthplace	Va	
Mother's Maiden Name	Ellen Cary					Mother's Birthplace	Va	
Name of person giving information	Henry Ewell					How related to deceased	Brother in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by 516 Train on B & O R.R.		How long	Death instantaneous
Immediate	Broken up entirely		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John F. Hickey Jr	
		Address	acting Coroner	
Accident or Suicide?		accident		
		Hyattsville. P. O. Co Md		



Name
in
FullFrancis M^cMonagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Capitol Heights - <small>Town</small>		Prince George <small>County</small>		MARYLAND	
Date of death		1906	August <small>Month</small>	5 th <small>Day</small>	Age 65 <small>Years</small>	Months	Days
Sex		Male		Color or Race		White	
Occupation		Cabinet maker		Birth- place		Ireland	
Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband			
Father's Name		Francis				Father's Birthplace	
Mother's Maiden Name		Unknown				Mother's Birthplace	
Name of person giving In formation		Frank J. M ^c Monagle				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease.	How long	Two weeks
Immediate	Exhaustion.	How long	About one hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Geo.		R. A. Schooner M.D.	
Accident or Suicide?		Address	
		203 Anacostia Ave Benning, D. C.	



Name
in
Full

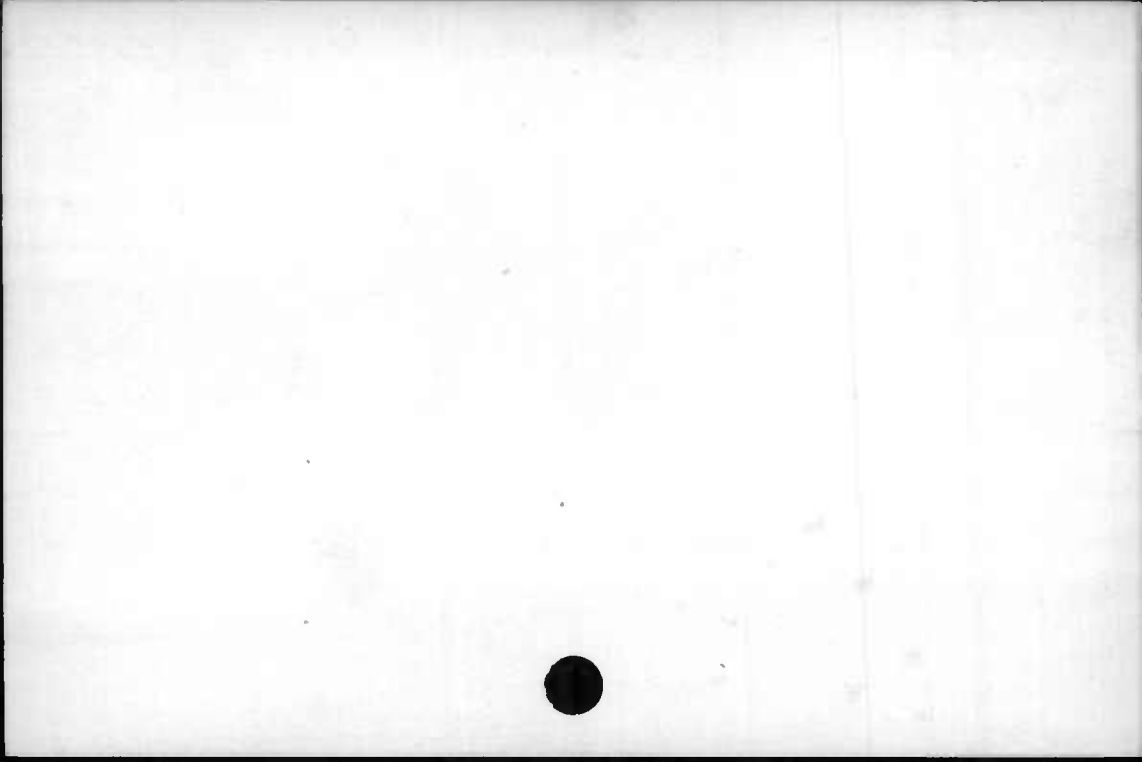
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Discatancy</i> Town <i>P.G.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>2</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>Home</i>		
Married Single	Name of Wife or Husband		
Father's Name <i>Arthur Mahoney</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ind</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Arthur Mahoney</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Premature birth</i>	How long <i>15</i>	How long <i>2 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Haring</i>	
	Address <i>Clinton Md.</i>	
Accident or Suicide?		



Name
in
Full

John Malatesta

CERTIFICATE OF DEATH

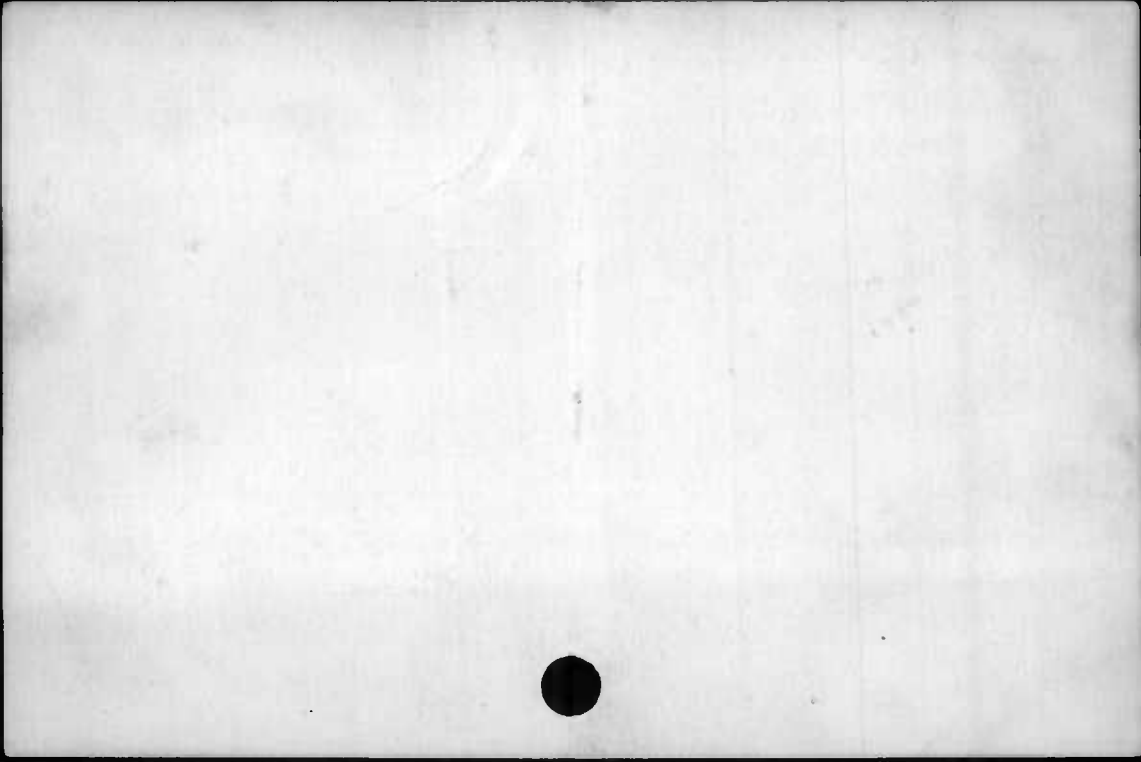
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		aug.	20 th	83	11		
Sex	Male		Color or Race	White		Birth-place	Italy
Occupation	Retired mer.		Where Residing if not at place of death		Ardwick		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Mary		
Father's Name	Andrew Malatesta				Father's Birthplace	Italy	
Mother's Maiden Name					Mother's Birthplace	Italy	
Name of person giving information	L. F. Merikheim				How related to deceased	son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Urothelial Structure	How long	Several years
Immediate	Returned Uterine	How long	2 1/2 days
Are the name, age, sex, color, date and place correctly given above?		YES	
Signature of Physician		W. L. Park	
Address		H. J. Parkville	
Accident or Suicide?		No	



Name
in
Full

Margaret Dorsey Mullikin

CERTIFICATE OF DEATH

Died at

Collington

Town

Prince Georges

County

MARYLAND

Date

of death

1906 August

Month

31

Day

Age

78

Years

Months

5

Days

10

Sex

Female

Color or
Race

white

Birth-
place

Millersville Md

Occupation

Where Residing if not
at place of death

Collington Md.

~~Married, Single~~
or Widowed

widow

Name of Wife or
Husband.

Jas M. E. Mullikin M.D.

Father's
Name

Mathew Hammond

Father's
Birthplace

Millersville Md

Mother's
Maiden Name

Harriet Dorsey

Mother's
Birthplace

Millersville Md

Name of person giving
information

R. L. Mullikin

How related
to deceased

Son

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Gastro Enteric Catarrh

How long

Two days

Immediate

Peritonitis

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

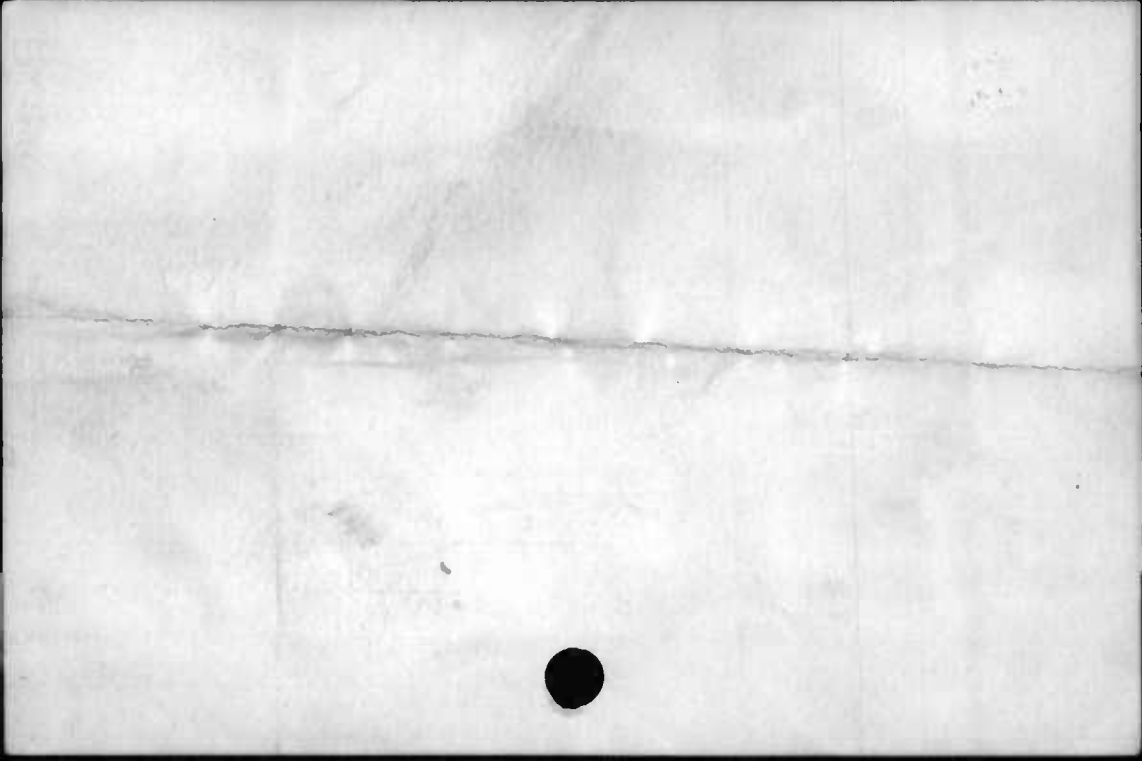
Signature of
Physician

Address

J. M. K. Curall M.D.
Springfield Md.PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

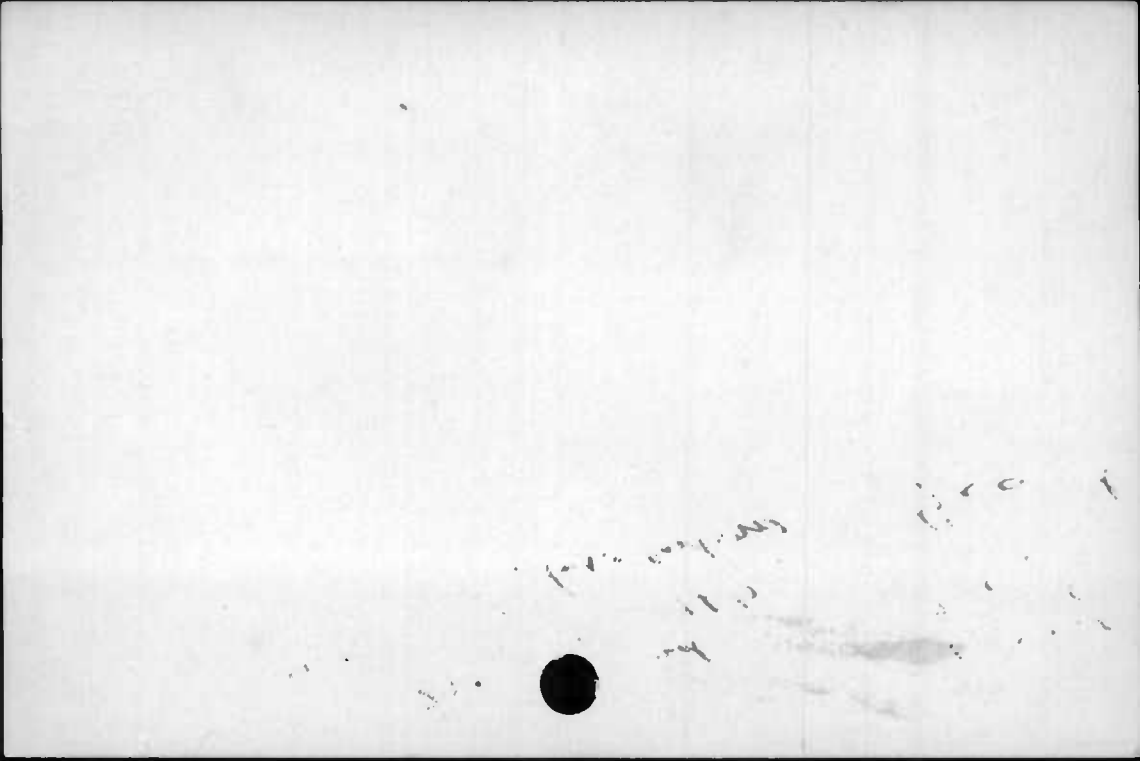
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> Town		<u>Park</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>Aug</u> Day <u>9</u>		Age <u> </u> Years		Months <u> </u> Days <u> </u>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Hyattsville</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Benj Parker</u>		Father's Birthplace <u>West River Md</u>			
Mother's Maiden Name <u>Eliza Selman</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Benj Parker</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>		How long <u> </u>	
Immediate <u> </u>		How long <u> </u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. W. H. H. H. H. H.</u>	
Accident or Suicide? <u>Neither</u>		Address <u>Hyattsville</u> <u>Md</u>	



Name
in
Full

CERTIFICATE OF DEATH

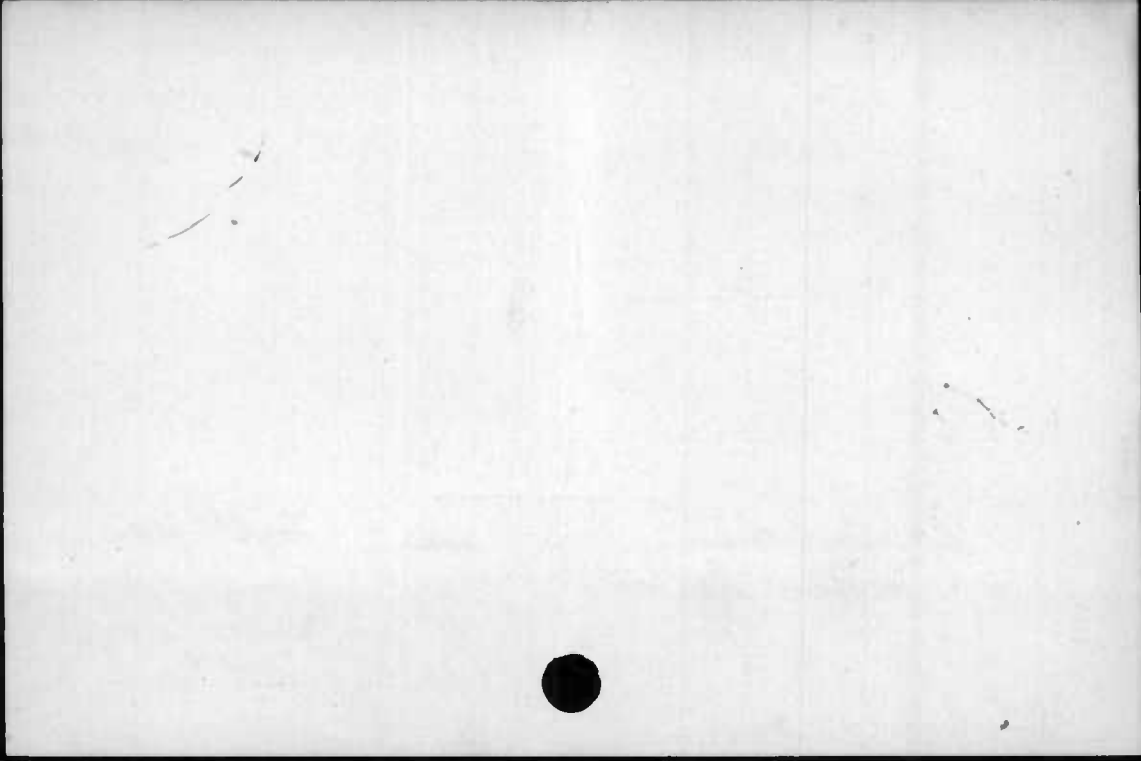
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Riverdale		Pr Geo			
Date of death		Month	Day	Age	Years	Months	Days
1906		Aug	11	28			3
Sex	Male	Color or Race	White	Birth- place		DC	
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Widower			Name of Wife or Husband			
Father's Name	Thos Rabbitt			Father's Birthplace		DC.	
Mother's Maiden Name	Mary Hutchinson			Mother's Birthplace		DC	
Name of person giving In formation	Mrs Burns			How related to deceased		niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	1 year
Immediate	Cardiac failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. W. H. Hatterman	
Address		Hyattsville Md	
Accident or Suicide?	Neither		



Name
in
Full

CERTIFICATE OF DEATH

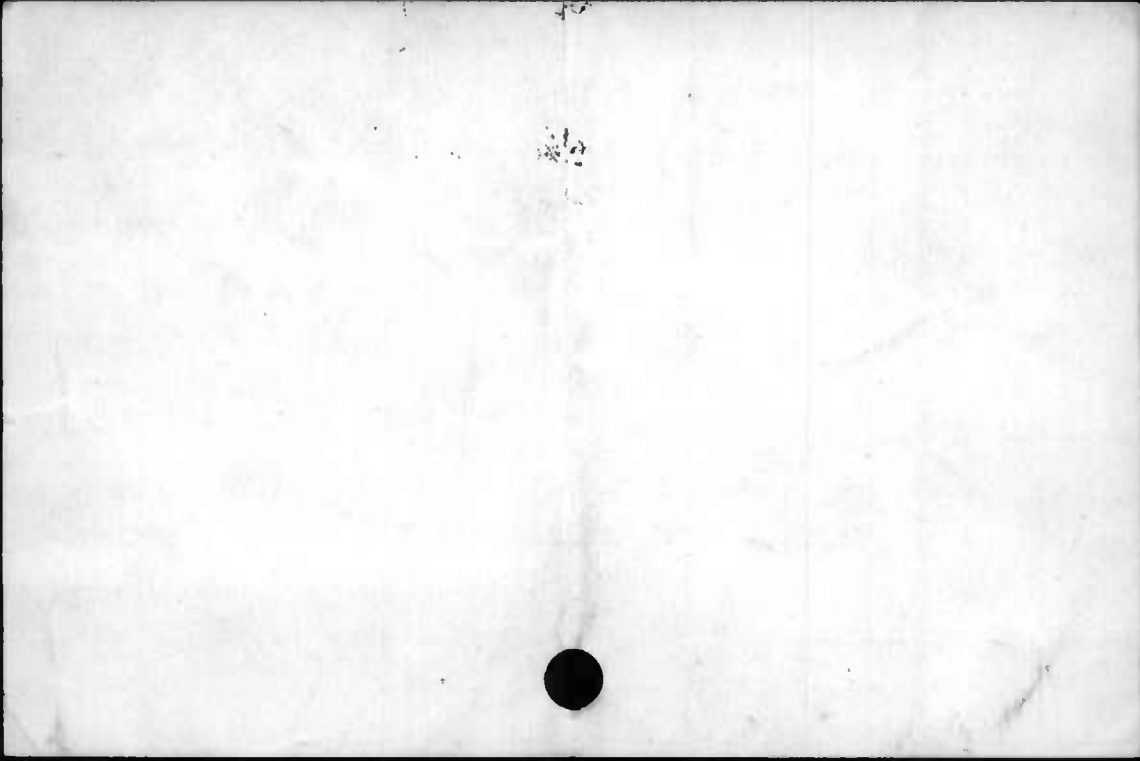
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice Mand Roberts</i>		Town <i>Collington</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Collington</i>		Month <i>August</i>		Day <i>26th</i>		Years <i>23</i>	
Date of death <i>1906 August 26th</i>		Age <i>23</i>		Months <i>11</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>same as above</i>			
Occupation <i></i>		Where Residing if not at place of death <i>Washington, D.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>I. Owen Roberts</i>				Father's Birthplace <i>P. D. Co. Md.</i>			
Mother's Maiden Name <i>Alice Bowie</i>				Mother's Birthplace <i>" " " "</i>			
Name of person giving information <i>Clarence M. Roberts</i>				How related to deceased <i>brother</i>			

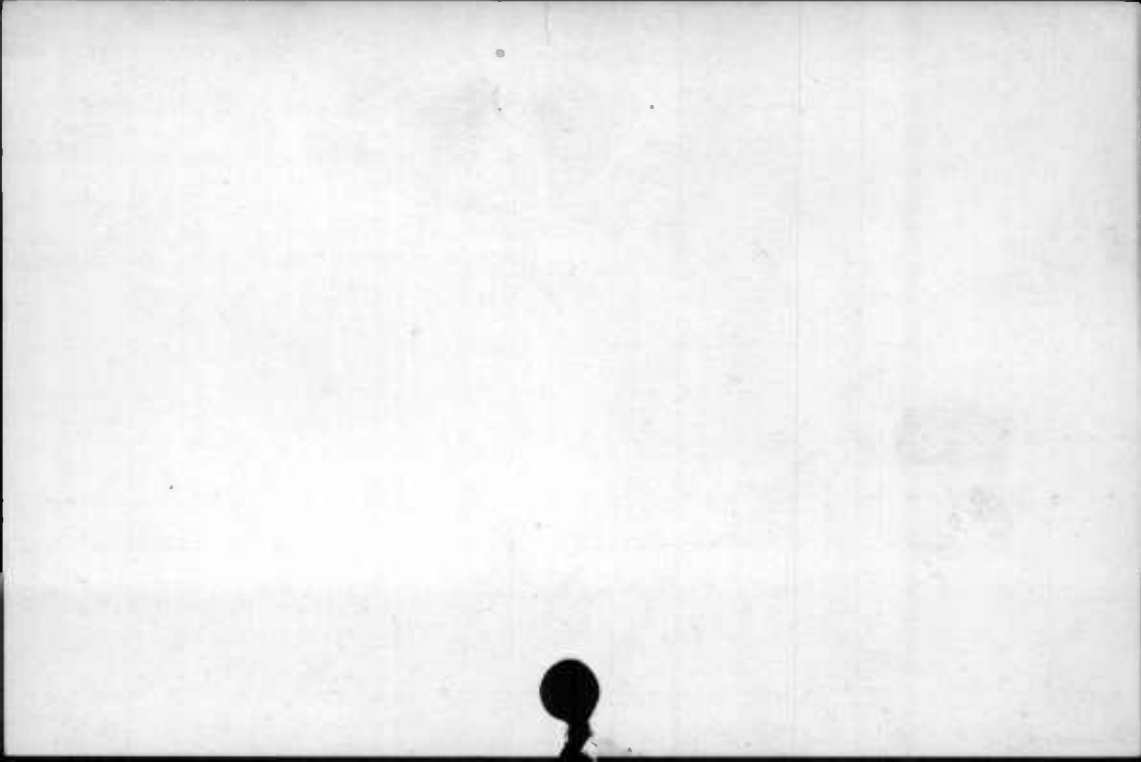
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>Eight days</i>
Immediate <i>Perforated Caecum</i>	How long <i>several hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. Orwall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Catherine Alice Roberts				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Allen town		Pr Geo		MARYLAND		
		Date of death 1906	Month	Day	Age	Years	Months	Days
		8	18	60				
		Sex	Female	Color or Race	White	Birth-place	Md	
		Married, Single or Widowed		Occupation				
				Invalid				
		Name of Wife or Husband		John M. Roberts				
		Father's Name		Blount Connick		Father's Birthplace		Md
		Mother's Maiden Name		Sophia		Mother's Birthplace		"
		Name of person giving information		John Roberts		How related to deceased		
				Husband				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Gastro-Enteritis		How long		
						1 week		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. P. Simpson M.D.
				Address		Rosecroft Md.		
		Accident or Suicide?						



Name
in
Full

Eva Phillips Rome

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville		^{County} Prince George		MARYLAND	
Date of death	1906	Month	aug	Day	31
Age		23		Years	7
Sex	Female	Color or Race	White	Birthplace	Phila. Pa.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband John J. Rome			
Father's Name	Aaron Phillips			Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth Merwin			Mother's Birthplace	Germany
Name of person giving information	John J. Rome			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	8 days
Immediate	Edema of lungs	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. A. R. Walker	
		Address Falls, Md.	
Accident or Suicide?			



Name
in
Full

Edna Smith

CERTIFICATE OF DEATH

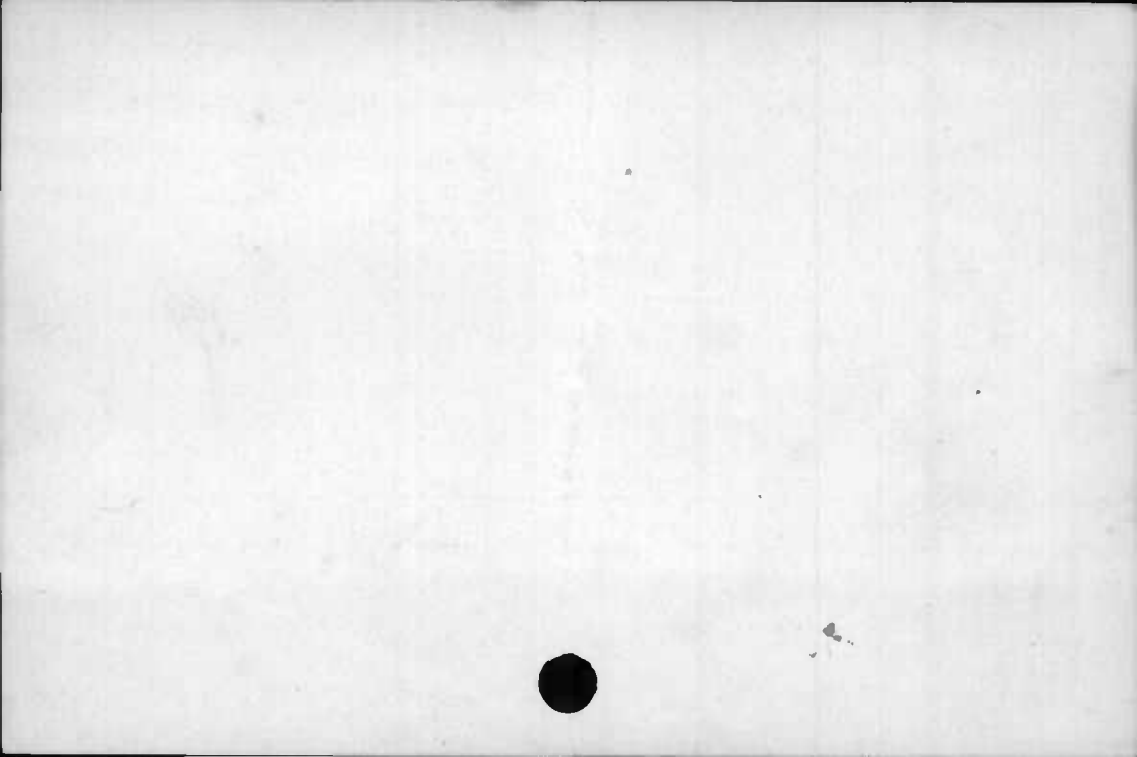
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Riverdale</u> Town		<u>Ba & Geo</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>1</u> Years	Months	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Riverdale</u>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Arthur Smith</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Holroyd</u>			Mother's Birthplace <u>D.C.</u>		
Name of person giving Information <u>Arthur Smith</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>3 wks</u>
Immediate <u>Convulsions</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. H. Hattner</u>
	Address <u>Hillsville Ind</u>
Accident or Suicide? <u>Neither</u>	



Name
in
Full

CERTIFICATE OF DEATH

John Henry Thorne

Town

County

MARYLAND

Died at Friendly Pr Es.

Date of death 1906 8 4 Age 67

Sex male Color or Race White Birth-place Md.

Occupation Farmer Where Residing if not at place of death

Married, ~~Single~~ ~~Widowed~~ Name of Wife or Husband Elizabeth Thorne

Father's Name Enoch Thorne Father's Birthplace Md.

Mother's Maiden Name Elizabeth Mother's Birthplace "

Name of person giving information Joseph Thorne How related to deceased Son in law

CAUSES OF DEATH

Primary Paralysis How long 2 weeks

Immediate " General Debility How long

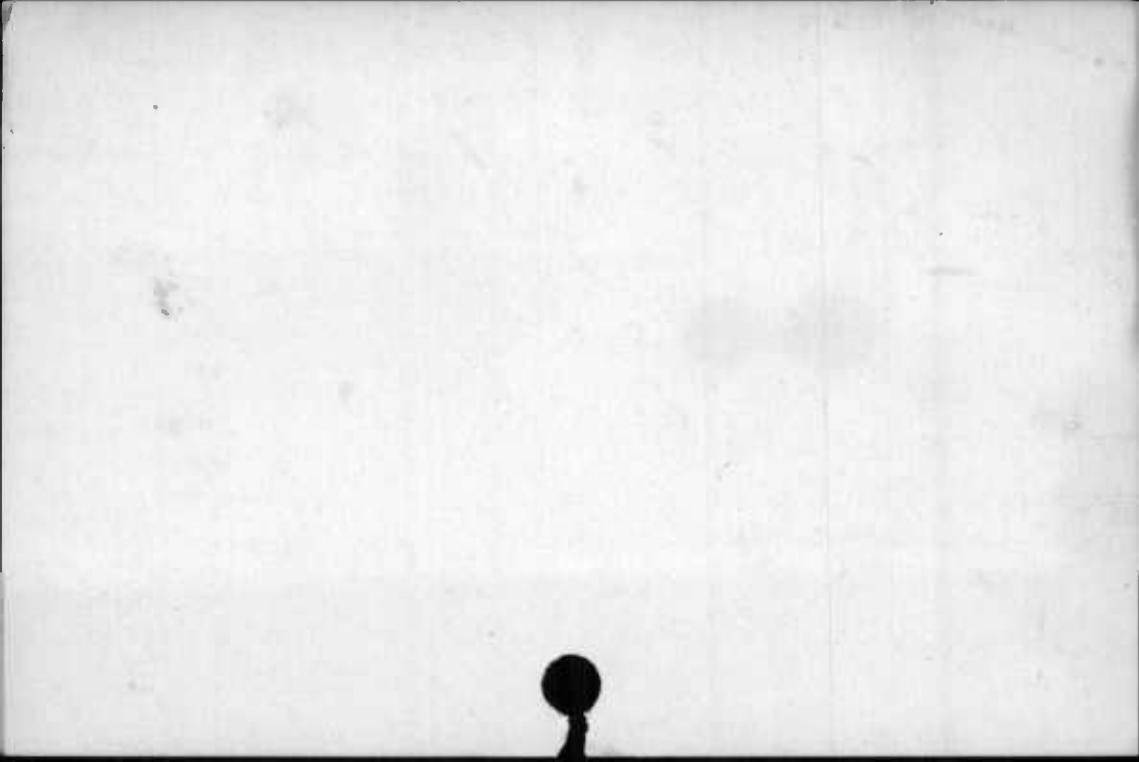
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. P. Simpson M.D.
Address Rosecroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

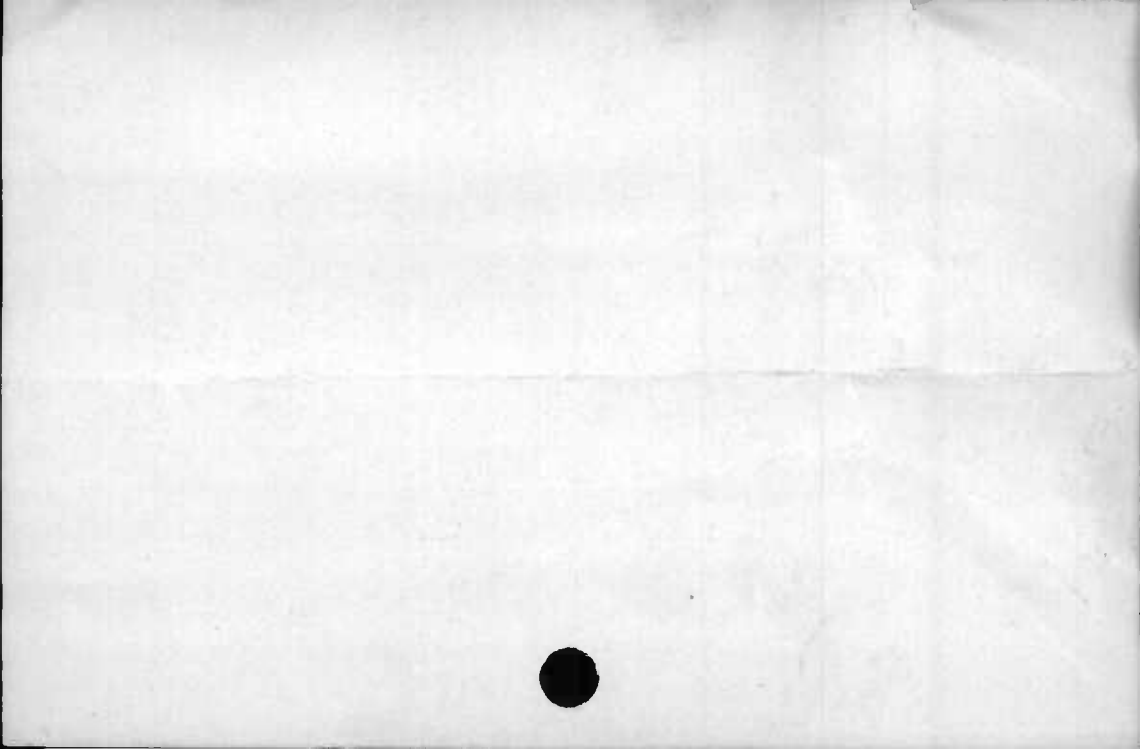
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bunice Miram Ullr</i>		Town <i>Bethesda</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Bethesda</i>		Date of death <i>1906 Aug 6</i>		Age <i>20</i>		Months <i>0</i> Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ma</i>			
Occupation <i>Teacher</i>		Where Residing if not at place of death <i>Bethesda Ma</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edward M Ullr</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Mary S Baker</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Father</i>		How related to deceased					

CAUSES OF DEATH

Primary <i>Dysphoria Fever</i>	How long <i>Three weeks</i>
Immediate <i>Hemorrhage</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. A. Day</i>
<i>Yes</i>	Address <i>Bethesda Ma</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

William Earl Vetch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>College Park</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>31</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Delcher P Vetch</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Laura Doyle</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Delcher P Vetch</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Meningitis</i>	How long <i>one year</i>
Immediate <i>Acute Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Mynkovich</i>
	Address <i>1629 - 14th St NW Washington D.C.</i>
Accident or Suicide?	



Name
in
Full

Elsworth Ward

CERTIFICATE OF DEATH

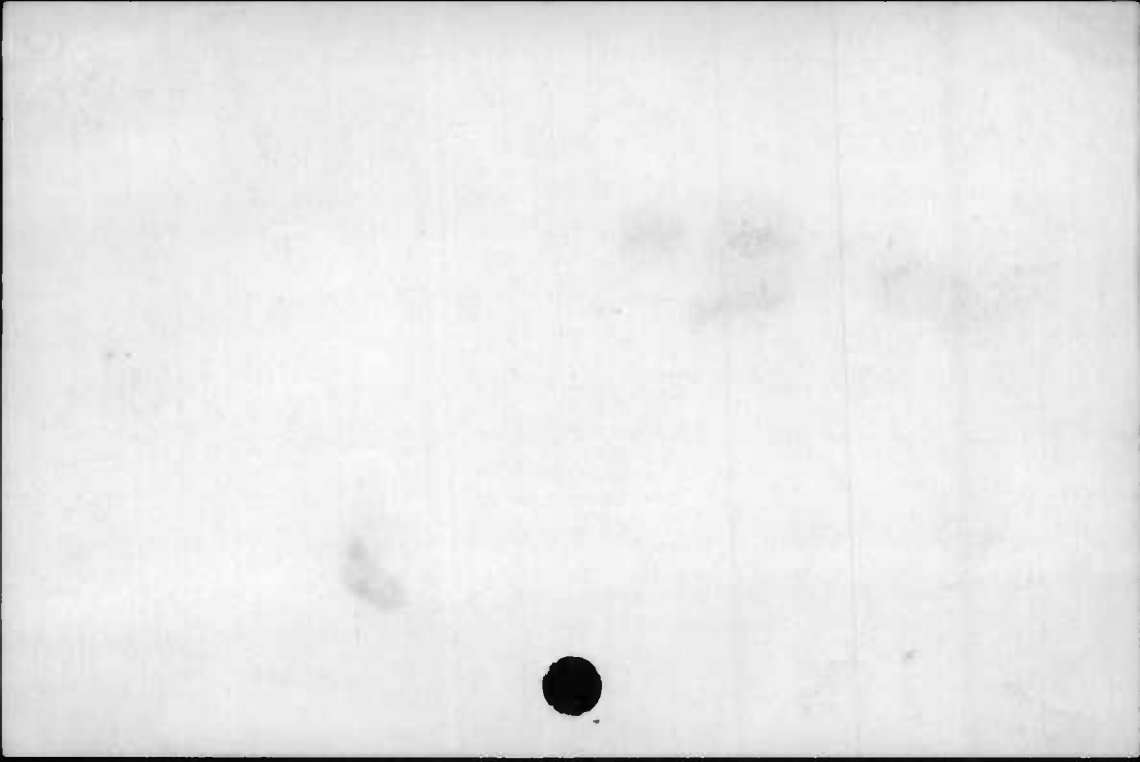
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendly</i> <small>Town</small>		<i>Pr. Geo.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>8</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>Pr. Geo.</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Elsworth Ward</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Gertrude Spencer</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Elsworth Ward</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 mo</i>
Immediate <i>Emaciation + Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson Md</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Laura B Welsh

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death 1906 Aug 17

57

9

12

Sex

female

Color or
Race

white

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

—

Married, Single
~~Widowed~~Name of Wife or
Husband

—

Father's
Name

Lycurgus Welsh

Father's
Birthplace

Md

Mother's
Maiden Name

Matilda Squires

Mother's
Birthplace

Md

Name of person giving
information

Samuel E. Gray

How related
to deceased

none

CAUSES OF DEATH

Primary

Intestinal obstruction

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

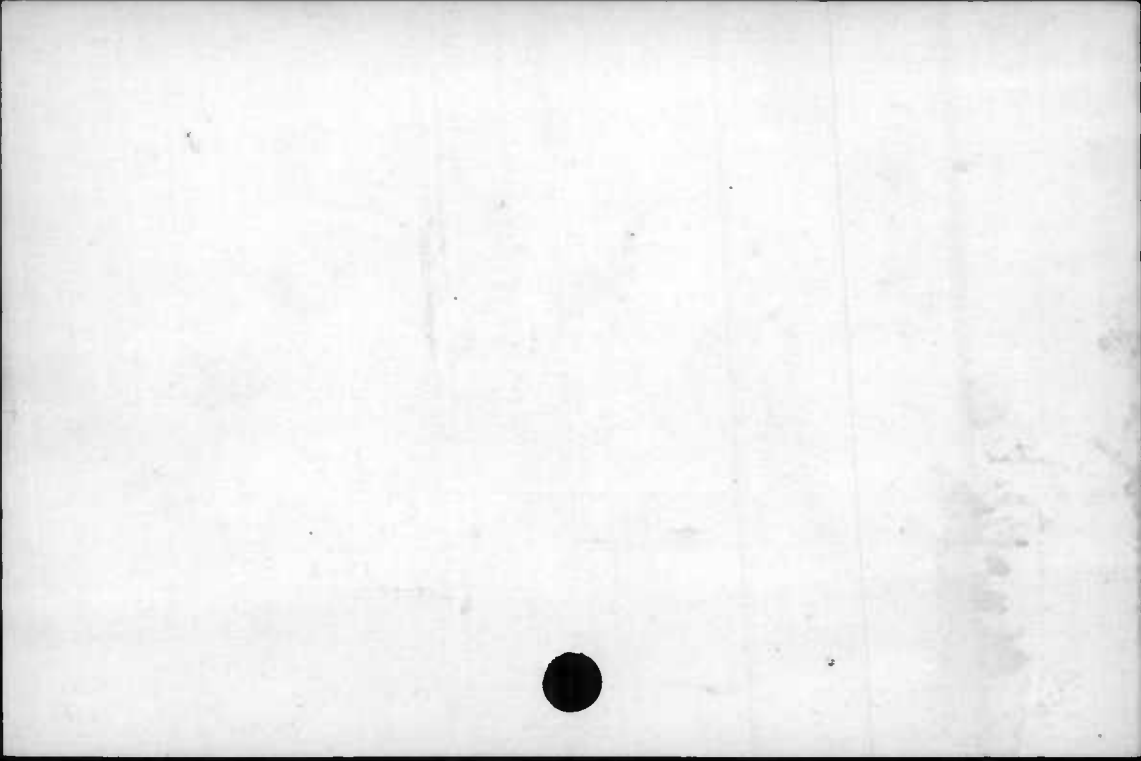
Signature of
Physician

Address

Dr. Dwyer
Lanell Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George W Wollett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		1906	Month <i>Aug</i>	Day <i>29</i>	Age <i>54</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>West Virginia</i>			
Occupation <i>Engineer</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virginia Wollett</i>					
Father's Name <i>George Wollett</i>		Father's Birthplace <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Ellen Wollett</i>		Mother's Birthplace <i>Don't know</i>				How related to deceased <i>Son</i>	
Name of person giving information <i>Winfield Wollett</i>							

CAUSES OF DEATH

Primary *Cerebrosis of Liver* *112* How long *7 months*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William A. Ryones
Bowie

Accident or Suicide?

*No**and*PHYSICIAN
OR CORONER

0-70-10-16

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rosaryville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>8</i> <small>Day</small> <i>23</i> <small>Age</small> <i>25</i> <small>Years</small>		<i>2</i> <small>Months</small>		<i>0</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Ind.</i>	
Occupation <i>Farming</i>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <i>Bertha A. Young</i>			
Father's Name <i>Ralph Young</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Rachel Bargoll</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>26 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John E. Sansbury</i>
<i>Copied in ink</i>	Address <i>Forestville Ind.</i>
Accident or Suicide?	

